



Missouri Department of Elementary and Secondary Education

— Making a positive difference through education and service —

April 19, 2004

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Dear Ms. Gage:

Enclosed please find an original and two copies of the Missouri Special Education Annual Performance Report for Part C of the Individuals with Disabilities Education Act, covering the reporting period July 1, 2002, through June 30, 2003.

The Interagency Coordinating Council Certification of Annual Report will be sent separately within the next two weeks.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Melodie A. Friedebach, Assistant Commissioner
Division of Special Education

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Missouri Special Education Annual Performance Report

(Reporting Period July 1, 2002 through June 30, 2003)

Part C of the Individuals with Disabilities Education Act

April 2004

Department of Elementary and Secondary Education
Division of Special Education

Part C Annual Performance Report

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Introduction

Important Notes

This Annual Performance Report is for the report period July 1, 2002 through June 30, 2003, with “future activities” beginning with 2003-04. Several observations need to be pointed out:

- Phase 2 implementation, involving approximately half of the children served in First Steps and a geographic majority of the state, took place on March 1, 2003, only four months prior to the end of the reporting period.
- “Baseline/Trend Data” primarily includes two types of data, July 1, 2002 through June 30, 2003 data which has only four months of Phase 2 included, and June 30, 2003 point in time data which includes the entire state. Data prior to 2002-03 is not included due to the lack of available data and the implementation of the redesigned program, making trend analysis either impossible or largely meaningless.
- The “Future Activities” section of this Annual Performance Report (APR) covers the same time as the previously submitted Improvement Plan, beginning with 2003-04 which is already three quarters over. This section is largely a repeat of the previous Annual Performance Report/Improvement Plan submitted in July 2003.
- This APR makes very few adjustments to the previous APR/Improvement Plan. Any analysis of data would be based on 2002-03 data which does not include a full year of data, or 2003-04 data which is not yet complete. Furthermore, any analysis would be based on data prior to the implementation of the Improvement Plan. Time is needed for the Improvement Plan to be implemented before analyzing for the impact of the plan and looking for additional adjustments.

All that being said, Department of Elementary and Secondary Education (DESE), along with the State Interagency Coordinating Council (SICC), does recognize that some changes to the original redesign were necessary. The following sections provide an overview of the current system and the need for changes.

Background

In July 1998, Department of Elementary and Secondary Education (DESE) contracted with Solutions to conduct a thorough study of the current First Steps (Part C) system and provide recommendations for system redesign. Solutions worked extensively with a Redesign Task Force made up of the State Interagency Coordinating Council (SICC) and Missouri stakeholders to gather public input, conduct surveys and meet with state agencies including the Departments of Health and Senior Services (DHSS), Mental Health (DMH), and Social Services. The final report was issued in September 1999. As a result, forty-five major recommendations were agreed upon to redesign the First Steps System in Missouri. The major components adopted included:

- **Establishment of a Central Finance Office (CFO) and Centralized Data System**
The Central Finance Office (CFO) manages the receipt/recovery of funds and payment of provider bills for early intervention services, and monitors provider enrollment and credentialing. The single data system provides required data for federal reports and fiscal and program planning and management. Common documents including the Individualized Family Service Plan (IFSP) were developed and are required system-wide. These forms support First Steps processes, are coordinated with other agency programs and services, and are linked to the single data system.
- **System Point of Entry (SPOE)**
System Points of Entry (SPOEs) perform initial intake and eligibility determination, and all data collection functions on a regional level. SPOEs are funded through contracts with DESE. There are currently 26 SPOEs across the state. SPOEs may not be providers of early intervention services but may be providers of ongoing service coordination. SPOEs are responsible for all data entry for initial, annual and updated IFSPs for their service area. SPOE staff must attend training and be credentialed as required by their contracts with DESE.
- **Service Providers**
All providers of early intervention services including independent service coordination must be credentialed, be Medicaid providers, and enroll in the CFO in order to receive authorizations and payment for provision of early intervention services.

- **Comprehensive System of Personnel Development**

The Redesign recommendations included the development of standardized training modules that would be required for all providers of Part C services in the state. Training is provided regionally by credentialed trainers who have met standards set by the state. Exit exams are required for each module. Training modules that have been developed and implemented include:

- Orientation to First Steps—this covers the philosophy and intent of Part C services, federal and state rules and the Individualized Family Service Plan (IFSP) process.
- Evaluation and Assessment—this covers required steps in evaluation to determine eligibility and assessment for ongoing IFSP programming. Effective practices for assessment of very young children, selection of instruments to meet individual needs and report writing are presented.
- IFSP Outcomes and Intervention in Natural Environments—this covers effective practices in developing functional outcomes and embedding early intervention services in the daily routine of families' lives.
- Transitions—this covers effective planning for transition into, within, and out of First Steps for families and children.
- Service Coordination—this covers the role and responsibilities of intake and ongoing service coordinators.
- System Point of Entry (SPOE) Training—this covers all responsibilities of the SPOE staff including intake, eligibility determination and data entry for all Part C functions including IFSP data for eligible infants and toddlers.

In January 2002, the contracts for the CFO and five SPOEs were awarded. This began the Phase 1 implementation in eighteen counties. Eligible infants and toddlers were converted from the old system to the new data system through a series of conversion activities between DMH, DHSS and the designated SPOEs. Beginning on April 1, 2002, all First Steps services were provided to eligible infants and toddlers in these eighteen counties through the five SPOEs in Phase 1. The remainder of the state, Phase 2, began operation in March 2003 through 21 additional SPOEs.

In July 2000, when Missouri began working on the Self-Assessment component of the Continuous Improvement Monitoring Process (CIMP), Division staff and the SICC agreed that a significant amount of self-assessment data had been gathered via the redesign efforts of the state. The state had also begun the implementation of the major components. A joint decision was made to incorporate the data from the Redesign effort and begin to add in appropriate child data from the new system. The Self-Assessment was submitted to OSEP in October 2002.

The co-chairs of the SICC then conducted a conference call with Division staff to identify priority areas based on the Part C Self-Assessment. Three priority areas were identified and presented to the entire SICC at the March 14, 2003 meeting. The SICC agreed on the following three areas:

- Child find to include community awareness;
- Provider recruitment to include natural environments; and
- Individualized Family Service Plan (IFSP) services to include family satisfaction and exit data.

The SICC voted to include the Improvement Plan in the Part C Annual Performance Report (APR) required by Office of Special Education Programs (OSEP). They also agreed to use this format for the SICC annual report. Following that meeting, the DESE received the response from OSEP on the Self-Assessment in which the following areas of noncompliance were noted:

- Child Find
- Correction of previous noncompliance
- Timelines for evaluation, assessment and holding an IFSP meeting.

DESE incorporated the OSEP findings and the SICC priorities in the Part C Annual Performance Report/Improvement Plan which was submitted in July 2003. To date, DESE has not received a letter of response on the APR from OSEP.

Need for SPOE System Changes

SPOEs and service coordinators are the keys to success or failure of the redesigned First Steps program. Several challenges have been faced since implementation of Phase 1 in April 2002. These include, but are not limited to, the following:

- Because SPOEs were contracted through the Missouri Office of Administration, it was very difficult, if not impossible, to make adjustments to the contracts when circumstances indicated a need for adjustments.
- SPOE bids were based on estimated staffing needs which were based on estimated numbers of children to be served. It appears that the original estimates of children were low, so some SPOEs did not have adequate staff to handle all referrals in a timely manner. The contract situation did not allow for staffing adjustments.
- Some SPOEs experienced large staff turnover, and the time needed to replace and train staff put them out of compliance on timelines.
- Oversight of ongoing service coordinators and providers was not built into the redesigned system.

Due to these limitations of the original SPOE design, a new contract was proposed to address the concerns and is anticipated to be in place by July 1, 2004, for Phase 1 SPOEs when the original Phase 1 contracts are due to expire. The following excerpts are from the current (prior to subsequent amendments) request for proposal (RFP) for First Steps Phase 1 SPOEs. Additional information pertaining to changes in service coordination can be found under probe CE.I. This RFP is expected to result in significant improvements in child find, timelines and service delivery. At such time as improvements are seen, Phase 2 SPOEs may also be re-bid.

Excerpts from Request for Proposal for First Steps System Point of Entry (SPOE) for Phase 1 SPOEs (RFP No. B3Z04176)

Note: Subsequent amendments to the RFP are not included in the following text.

1.3.2 Existing First Steps System Structure

In the last several years, the Missouri First Steps System underwent a redesign process to the infrastructure and operating procedures that included the following components:

- a. State Interagency Coordinating Council (SICC) – The federal regulations implementing Part C of IDEA requires the establishment of State Interagency Coordinating Council to advise and assist the state agency in their responsibilities for the First Steps System. For more information about the SICC, refer to the Missouri State Regulations for Implementing Part C of IDEA
- b. Local Interagency Coordinating Councils (LICC) - In addition to the State Interagency Coordinating Council, Local Interagency Coordinating Councils (LICC) were established for more localized involvement in the First Steps System.
- c. Central Finance Office (CFO) - The State of Missouri contracted with a central finance office. The primary responsibilities of the CFO are listed in the subparagraphs below.
 - 1) Provider Matrix - First Steps Provider Enrollment System – The CFO enrolls First Steps service providers who meet the criteria identified in the Missouri State Regulations for Implementing Part C of IDEA and develops and maintains a list of all service providers authorized to provide the various First Steps activities and services. This list of authorized First Steps service providers is referred to as the provider matrix.
 - 2) Fiscal Management – The CFO issues authorizations for services to First Step service providers, processes the authorizations and pays the providers, and seeks reimbursement for services from applicable funding sources on an individual child basis.
 - 3) Child Data System Design and Management – The CFO has developed the child data software ensuring that specific child data is available to local and state planners for compliance monitoring, financial forecasting, and budgeting purposes. The child data software developed by the CFO is fully HIPAA compliant. As specified in this RFP, the SPOE has requirements related to entering information into the child data system.

- d. Ongoing Service Coordination – A formalized system of ongoing service coordination is currently utilized. Independent ongoing service coordinators enroll through the First Steps Provider Enrollment System of the CFO described above and are included in the provider matrix as authorized ongoing service coordinators. Ongoing service coordinators are designed to be responsible for coordinating and managing the First Steps early intervention service delivery to children and families with an active IFSP in the First Steps System. Ongoing Service Coordination is provided by both independent service coordinators and Department of Mental Health (DMH) service coordinators.
- e. First Steps Facilitators – First Steps Facilitators were put into place in order to provide technical assistance to the SPOEs and Local Interagency Coordinating Councils (LICCs).
- f. System Points of Entry (SPOE) - System Points of Entry (SPOEs) were established statewide for all children referred to the First Steps System. Information about the existing SPOE contracts awarded, are included later in this section and in Attachment 5. The SPOEs were designed to be responsible for facilitating the process for a child and family from referral through the intake and eligibility determination process to the completion of a child's initial IFSP. In addition, each SPOE was required to maintain early intervention records and serve as the electronic link to the CFO. Attachment 1 provides a flow chart of the intake and eligibility determination process.
 - 1) SPOE contractors were not eligible to be a First Steps Early Intervention Service Provider in the same region(s) they were awarded a contract to be the SPOE.
 - 2) The First Step Redesign has been operating for several years in various forms of completion. However, based on information learned through the process, several changes are being implemented to the process. The changes are summarized below. Many of the changes have resulted in changes to the requirements contained in this RFP for System Point of Entry (SPOE) services as compared to previous RFPs (and their resulting contracts) that have been issued for System Point of Entry (SPOE) services.

1.3.3 Changes Being Made to Existing First Steps System Structure beginning July 1, 2004

The Department of Elementary and Secondary Education is implementing a number of changes to the infrastructure and operating procedures for First Steps from what have been in place in the past. Key highlights of the changes are provided in the following paragraphs:

- a. State Interagency Coordinating Council (SICC) – No significant changes.
- b. Regional Interagency Coordinating Councils (RICCs) – A Regional Interagency Coordinating Council (RICC) will be developed within each SPOE region that's purpose will be to assist the Department of Elementary and Secondary Education and the SPOE with the evaluation of the effectiveness of the regional SPOE System, the services to children and families, as well as child find and provider recruitment activities.
- c. Central Finance Office (CFO) - The State of Missouri has contracted with a central finance office pursuant to C203040001. The main change involving the CFO is the fact that the Child Data System will become a web based system verses the previous software application.
- d. System Points of Entry (SPOE) – The responsibilities of the SPOEs will change so that SPOEs will have over-all administrative responsibility for all activities necessary to operate the First Steps System at a regional level. See Contractual Requirements for specific requirements.
- e. Family Service Coordination (FSC) – Changes are being made regarding the process/structure formerly referred to as ongoing service coordination. Service coordination is defined by Missouri State Regulations for Implementing Part C of IDEA as, "...the activities carried out by a service coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards and services that are authorized to be provided under the State's early intervention program." Family Service Coordination provides the vital link between families, service providers and SPOE administration as well as providing a level of direct services oversight.

- 1) As a result of the changes being implemented, service coordination by independent service coordinators will no longer be used. Instead, SPOEs will provide sixty percent (60%) of the family service coordination function and the remaining forty percent (40%) will be provided by the Missouri Department of Mental Health (DMH) through the DMH regional centers.
- 2) The DMH service coordinators will continue to be enrolled through the First Steps Provider Enrollment System managed by the CFO. DMH service coordinators will be responsible for coordinating and managing the First Steps early intervention service delivery to children and families assigned to DMH service coordination.
- 3) After the changes being implemented via this RFP for Regions 1, 2, and 3, are ultimately implemented on a statewide basis, the 60/40 percentages equate to the Department of Mental Health providing family service coordination services for approximately 1800 children in the State of Missouri.

f. Regional First Steps Consultant – The First Step Facilitator service contracts have or will be expiring shortly. New specifications are in the process of being drafted, however, the new specifications will be different than what was previously required pursuant to the Facilitator contracts. It is anticipated that the Regional Consultant contracts will include more communication and interaction with the Department of Elementary and Secondary Education and more SPOE coordination and technical assistance, especially in such areas as Child Find, Provider Recruitment, marketing, etc.

1.3.4 Compliance Monitoring

In addition to the services described above, the Department of Elementary and Secondary Education is required by federal regulations to conduct compliance monitoring of the First Steps System. Specific information about such requirements and about the Missouri First Steps System can be found on the internet at: <http://dese.mo.gov/divspeced/FirstSteps/index.html>.

2.2.3 SPOE Personnel Requirements

The contractor must have and provide the necessary number of personnel trained and available to provide the services required herein based on the estimated child counts provided in Attachment 4. Attachment 3, included with this document, contains information regarding personnel and suggested staffing levels based on child counts. The contractor must ensure that all personnel performing services pursuant to the contract meet the personnel requirements stated in the Missouri State Regulations for Implementing Part C of IDEA.

a. SPOE Director - The contractor must provide a program administrator (hereinafter referred to as the SPOE director) who shall be responsible for over-all program oversight, all administrative functions associated with operating the SPOE, and ensuring that day to day operations are conducted in a business-like manner at all times.

- 1) The SPOE director must have a minimum of a Bachelors degree and must be an experienced manager experienced in operating in accordance with sound business practices.
- 2) The SPOE director must also have some experience in early intervention services and must serve as a leader and proactive advocate of the Missouri early intervention (First Steps) model and must understand the distinction between the medical model (wherein the various therapies are the focal point of the program) and family oriented/family capacity building (where the focal point is to build a families capacity to deal with those issues surrounding developmental delays and other appropriate medical issues with their infants and toddlers).
- 3) The SPOE director shall have the responsibility for implementation of any corrective actions issued by the state agency resulting from compliance monitoring by the state agency and child complaint decisions and due process hearing decisions.
- 4) The SPOE director shall assist the state agency with investigation of provider and/or child complaint issues raised in the region.
- 5) The SPOE director or designated representative approved by the state agency must attend a maximum of six (6) SPOE operational meetings each year as directed by the state agency. The state agency will give the contractor a minimum of two (2) weeks notice of the time, location, and date of the meeting.

b. Family Service Coordinator - The contractor must provide the actual number of family service coordinators necessary to provide sixty percent (60%) of the family service coordination services required herein, based on the estimated child count numbers included in Attachment 4 (2% of the population of children under age 3).

1) The contractor must provide and maintain staffing levels for family service coordinators based on a caseload of no less than 40 children and no more than 60 children per family service coordinator. The actual ratio within those parameters may vary based on the contractor's operational structure. For informational purposes, the level of staffing included in Attachment 4 is designed to provide professional staff for all service coordination needs, as well as a pool of personnel for other SPOE responsibilities such as child find, provider recruitment, promotional effort, and other administrative duties and is based on a caseload of 40:1. The contractor shall agree and understand that the numbers in Attachment 4 were determined based on historical child count data using assumptions which may or may not be accurate. The assumptions used may not take into consideration costs associated with other contract service requirements.

- In the event that child count numbers vary such that the contractor's ratio of children to family service coordinators drops below 40:1 or increases above 60:1 on a consistent basis for the entire SPOE operation, the contractor must notify the state agency in writing. The state agency will review the situation and shall determine if an amendment to the contract is necessary to modify the number of family service coordinators assigned. If such an amendment is determined necessary by the state agency, the Division of Purchasing and Materials Management shall process a formal amendment to the contract to increase or decrease the number of family service coordinators to enable the contractor to remain within the required ratio. The resulting change in contract pricing shall be determined using Exhibit D from the contractor's awarded proposal. The decision regarding the necessity for a contract amendment shall rest solely with the State of Missouri and shall be final and without recourse.

2) At a minimum, each family service coordinator must have a Bachelor's degree in Elementary Education, Early Childhood Special Education, Early Childhood Education, or a related human service field (e.g. psychology, sociology, social work, child/human development, public health, family studies, or nursing).

3) The contractor shall provide family service coordinator(s) who shall serve as the primary spokesperson(s) for the Missouri First Steps System and must support the purpose and goals of the state agency related to the program. Each family service coordinator must be a leader, and proactive advocate of the Missouri early intervention (First Steps) model. The contractor must ensure that each family service coordinator is fully trained in the philosophy and functions of this critical position and that each family service coordinator understands the distinction between a medical model (wherein the various therapies are the focal point of the program) and family oriented/family capacity building (where the focal point is to build a family's capacity to deal with those issues surrounding developmental delays and other appropriate medical issues with their infants and toddlers). The family service coordinator must be able to build relationships with the families as well as service providers. The family/family service coordinator relationship is essential to the effective functioning of the First Steps System.

4) The family service coordinator may function in both the intake and on-going services role and shall serve as the IFSP team leader and facilitator of the IFSP process. The family service coordinator shall serve as the lead SPOE representative and "offeror of services" in the IFSP process. The family services coordinator shall facilitate consensus for needed services, appropriate levels of service, and location of services.

5) The family service coordinator must complete and keep all required paperwork up-to-date at all times.

2.2.5 Additional Administrative Operational Requirements of the SPOE:

a. RICC - The contractor shall organize, develop, and appoint a Regional Interagency Coordinating Counsel (hereinafter referred to as RICC) within the region awarded that shall be designed to assist the contractor in an advisory capacity and help the contractor by serving as a local contact with parents, cooperating agencies, and other entities from the region interested in the early intervention system. The contractor shall comply with the following with regard to the contractor's responsibilities and duties regarding the RICC. Additional information about the role of the RICC is included in Attachment 2.

b. Child Find - The contractor shall develop, implement, maintain, and continuously evaluate a system of child find within the region awarded that will reduce “inappropriate” First Steps referrals, to the extent possible and that will increase appropriate referrals and visibility regarding the First Steps System. The contractor shall utilize the RICC and Regional Consultants in developing, maintaining, and operating, as well as in evaluating the child find system that is visible and known throughout the region to ensure that the following activities and responsibilities are performed and/or met.

1) The following must be provided to appropriate agencies in the region, as defined in the Missouri State Regulations for Implementing Part C of IDEA (hospitals, child health care providers, local school districts, public health organizations/ facilities, early intervention service providers, participating agencies, and other social service and health care agencies and providers):

- Training and other information in First Steps eligibility criteria.
- Information to assist with identification of all children (birth through two) with disabilities.
- Materials containing basic First Steps information.
- Other public awareness activities such as brochures, public service announcements, etc., to targeted audiences including Parents as Teachers, and the other appropriate agencies defined in the regulations.
- The procedures for obtaining early intervention services for the families of identified children.

2) Documentation of Child Find efforts will be monitored through the state agency compliance monitoring process, by the RICC, and by Regional Consultants.

3) If the number of inappropriate referrals to the contractor's SPOE rise to a level that adversely impact the ability of the contractor to administratively handle the workload, the contractor, in collaboration with the RICC and Regional Consultants, shall analyze the data, identify the reasons for the inappropriate referrals, and take action to correct the situation (i.e., identify local professionals to discuss / train the referring agency in the appropriate eligibility criteria, or other as necessary).

c. Provider Recruitment - The contractor shall develop, implement, and maintain a system of provider recruitment within the region awarded in order to increase visibility regarding the First Steps System and encourage and assist providers to enroll as First Steps service providers with the CFO. The contractor shall utilize the RICC and Regional Consultants in developing, maintaining, and operating a provider recruitment system that is visible and known throughout the region. Documentation of Provider recruitment efforts will be monitored through the state agency compliance monitoring process, by the RICC, and by Regional Consultants.

d. First Steps Marketing – The contractor shall market and promote the SPOE throughout the region. The contractor shall utilize the RICC and the Regional Consultants for assistance, as possible in such marketing endeavors. The contractor, the RICC, and Regional Consultants should develop a working relationship with the regional consultants and providers on the provider matrix in order to function appropriately and to promote the Missouri First Steps System within the region.

e. Peer Reviewer Process - The contractor must develop, implement, and maintain a peer review process within the region awarded to be used for assessments/evaluations, review of IFSPs, and to provide a mechanism to address problem areas and offer solutions to identified problems. The contractor must develop a group of peer reviewers from the provider matrix that shall be available for both the contractor and the state agency to draw from for peer review services as specified in the service requirements herein. The contractor must ensure that the group consists of an adequate number of necessary disciplines of providers including, but not limited to occupational therapists, physical therapists, speech/language therapists, special instructors, and others.

2.3.5 Family Service Coordination Requirements

The contractor shall agree and understand that the assigned family service coordinator shall serve as the link between the child/family, the contractor, and the service provider(s). Each family service coordinator assigned must have the ability to relate to the family and must devote the appropriate level of time necessary to build that relationship. The following family service coordination requirements shall apply to both SPOE family service coordinators and DMH family service coordinators. The contractor shall provide the DMH family service coordination staff with technical assistance regarding the responsibilities of service coordination and procedural requirements for the First Steps System as well as the identification of issues that adversely impact the First Steps System, resolutions to those issues, and implementation of Part C of the IDEA and the Missouri State Regulations for Implementing Part C of IDEA. In addition, the contractor shall provide DMH family service coordinators with all information provided to the field from the state agency and the CFO.

2.3.7 Peer Review Services:

- a. Contractor's use of peer review process – In addition to using peer reviewers as the assessment/evaluation team, the contractor shall use the peer reviewers as needed to provide assistance to the contractor in addressing issues surrounding eligibility, IFSP development, level and type of services on the IFSP, and regular “quality control”/oversight of the evaluation and IFSP process.
- b. State agency use of peer review process - The contractor shall agree and understand that the state agency shall use the peer review group for targeted review of IFSPs to assist in monitoring IFSP development, and for other oversight and monitoring purposes as deemed necessary by the state agency.

2.4.1 Child Records

The contractor shall establish and maintain both a hard copy paper file and an electronic file record as described below for each child referred to the SPOE, regardless of the outcome of the intake process (i.e.: eligible or not, accept or decline services, etc.).

- a. The contractor shall use the web based child data system for all data entry to establish and maintain the communication link between the contractor's records and the child data system.
- b. The contractor shall use the most current, approved First Steps forms for record keeping and shall maintain all required items in the child's official First Steps record. The forms will be provided to the contractor by the state agency via paper copy, diskette, CD-Rom, or the Internet.
- c. The contractor shall use the communication protocol established by the CFO to transmit the electronic information to the CFO.
- d. The contractor, through the assigned family service coordinator, shall perform on-going record keeping as required herein. The contractor must enter the information listed below into the child data system by no later than three (3) working days of receipt and shall maintain the same information in the hard copy paper file for each child. Accurate, complete and timely records are necessary to operate an efficient early intervention program. The contractor must monitor progress notes being entered into the system by service providers.
 - 1. Information from IFSP reviews which result in changes;
 - 2. Information from annual IFSP reviews;
 - 3. Any changes to the general demographics and information regarding any enrolled child.
 - 4. Progress notes from providers
- e. The contractor must have procedures in place for data entry and ongoing monitoring of the child data system to ensure that accurate and up-to-date data is available.

2.4.5 Target Eligible Child Count

After eleven calendar months of service provision and child find efforts and prior to the expiration of the original contract period, the contractor, the RICC, the Regional Consultant, and the state agency shall mutually determine a target eligible child count for the region. The target eligible child count shall be determined based on and using all available data sources including, but not limited to child find activities, application of eligibility criteria, parental decisions regarding entry into the program, population demographics, etc. The target eligible child count shall be used by the state agency as a performance standard to measure the contractor's performance. (See performance standard information provided later in this document.)

2.5.5 Performance Standards -

a. The contractor shall agree and understand that provision of the services in accordance with the requirements stated herein is considered critical to the efficient operations of the Missouri First Steps System. According, the contractor's performance pursuant to the requirements of the contract shall be continuously measured by the state agency, or state agency designee, to ensure compliance with the requirements. The contractor shall agree and understand that the measurements used to determine compliance with the standards shall be based on the data in the child data system at the time performance is measured.

The state agency shall notify the contractor in advance of the approximate date the measurements shall be taken from the data. However, the contractor shall be solely responsible for the accuracy of the data in the system. Changes to the measurements shall not be made at a later date as a result of inaccurate data at the time of the initial measurement. Listed below are the specific performance standards that shall be measured and reviewed by the state agency:

- 1) Standard - Target Eligible Child Count – By at least the eleventh month of the first contract period, the contractor must attain the target eligible child count that was determined as specified in the Record Keeping and Reporting Requirements Section of this document. In addition, the contractor must maintain the target eligible child count throughout each potential renewal period.
- 2) Standard - Medicaid - The contractor must identify 100% of Medicaid eligible children and record eligibility status in the child data system throughout each contract period. This includes asking the appropriate questions, completing all Medicaid appropriate enrollment documentation, assisting the family in processing the Medicaid enrollment and acquiring a parent signature to decline Medicaid participation as appropriate.
- 3) Standard - IFSP time requirements - In a minimum of eight (8) calendar months (not necessarily consecutive) of each contract period, the contractor must be able to document that all children found eligible for First Steps had their initial IFSP team meeting within the required forty-five (45) calendar days after the child's referral to the contractor.
- 4) Standard - Compliance Monitoring Corrective Actions - All findings on a corrective action plan resulting from compliance monitoring must be addressed to the satisfaction of the state agency by no later than ninety (90) calendar days after approval of the corrective action plan by the state agency.
- 5) Standard - Standard of Practice in Early Intervention (SPEI) - 80% of the IFSPs sampled for children in the contractor's region must attain a passing score for a specified level of practice according to the SPEI scoring guide. Information regarding the SPEI and sampling is provided below:
 - Using national experts, parents and other stakeholders, the state agency will develop Standards of Practice in Early Intervention (SPEI) for IFSPs. This group of stakeholders will also develop levels of practice for each standard, so that each standard can be rated along a continuum of poor to excellent. This will result in an objective scoring guide. Training on the SPEI will be available to service coordinators and early intervention service providers.
 - The state agency will credential a small number of individuals to evaluate IFSPs based upon the SPEI. These individuals will randomly sample IFSPs for children in the contractor's region to determine the percentage of IFSPs that meet a specified level of practice according to the scoring guide.

b. First Renewal Period – *Additional Incentive Payment for Meeting Standards* - If the contract is renewed for the first renewal period, the contractor's performance during the first renewal period shall be measured in the above standards areas. If funding for additional payments is available, the contractor shall receive an incentive payment of 1% of the total amount paid to the contractor for provision of services for the first renewal period for performance that meets or exceeds the performance standards specified. The contractor shall agree and understand that in order for the additional payment to be made to the contractor, the contractor must meet or exceed all of the standards listed (with the possible exception of the SPEI standard which shall only be measured for purposes of additional incentive payments if the SPEI is developed prior to 9/1/04). In addition, the contractor shall agree and understand that any such additional payment shall only be available for the first renewal period and shall not be available for any subsequent renewals.

c. Second Through Fourth Renewal Period – *Liquidated Damages for Not Meeting Standards* - If the contract is renewed for the second renewal period, the contractor's performance during the second renewal period shall be measured in the above standards areas. However, additional payments shall not be made to the contractor for compliance with the standards since the standards become the expected level of performance.

Instead, if the contractor does not meet at least the minimum performance standards stated above for each of the standards measured, the contractor shall pay the state agency liquidated damages in an amount equal to one half percent (0.5 %) of the total amount paid to the contractor for provision of services for the second renewal period. Since the amount of actual damages would be difficult to establish in the event the contractor fails to comply with the requirements, the contractor shall agree and understand that the amount identified as liquidated damages shall be reasonable and fair under the circumstances.

SPOE Software Changes

The CFO is under contract to revise the SPOE software. The following changes, called webSPOE, are scheduled to be implemented on July 1, 2004. Bolded items are key changes and are referred to later in this document.

Current SPOE software	Upcoming webSPOE software	Implications for First Steps System
Software loaded on computers with access to electronic records only at designated machines. Data manually batched to the CFO.	Web-based software accessible through any computer with internet access. Data will be "live" when entered.	More flexibility for SPOEs and service coordinators and increased accessibility which will result in more up to date electronic records.
Software and electronic record access limited to SPOEs.	<p>SPOEs and service coordinators will have access to the software and electronic records for the children for whom they are responsible.</p> <p>Direct service providers will be able to view the IFSP online for the children they provide services for or if the direct service provider is a member of the IFSP team.</p> <p>The online system will be able to track and log all access to the electronic record. Security and accessibility to the electronic case file will be tightly maintained.</p> <p>Electronic records will be able to be electronically transferred to new SPOEs as the family relocates throughout the State.</p>	<p>Service coordinator access to the electronic records will minimize system delays due to the transfer of and subsequent data entry of paper forms. Direct service providers will have more and better information available as they interact with families.</p> <p>Families will know what information is available and who has access to it.</p> <p>This will reduce the overall time process requirements for families in the First Steps system. Continuity of services will be more streamlined for the family. It will also greatly reduce any potential for duplicate child counts.</p>

Current SPOE software	Upcoming webSPOE software	Implications for First Steps System
Data entry secondary to the evaluation/assessment, eligibility determination and IFSP process	Data entry is very compliance-driven and is essential to the evaluation/assessment, eligibility determination and IFSP process	Business rules will force service coordinators and providers through required steps, thereby ensuring compliance proactively rather than after the fact.
Official EI records are paper documents. Designated data elements are then entered into the SPOE software.	The official EI record will be primarily made up of <ul style="list-style-type: none"> • The electronic record which will maintain most of the required elements/forms of the First Steps program • Paper documents requiring original signatures • Other documents from third parties • Other, primarily optional documents 	The First Steps process will be streamlined due to the elimination of parallel paper and electronic systems which often don't mirror each other. Greater amounts of IFSP data and information will be analyzed across the entire State. Business rules requiring certain actions by SPOEs and service coordinators will equalize and improve the quality of services received by infants and toddlers across the state.
Child demographic data including date of birth, gender, race, language, etc.	Data elements include all current elements.	Allows data to be analyzed by different demographic variables
Referral data including date, source and reason	Data elements include all current elements plus additional items. Referrals can be made online and data will transfer to the child's electronic record to lessen data entry requirements. Reasons for exceeding 45 day timelines will be required.	Referral source information can be analyzed by region and demographics. Failure to meet 45 day timelines can be monitored and adding the reasons for the delays will allow the identification and correction of delays attributed to SPOEs or providers.
Eligibility data including eligibility determination date and primary eligibility (very low birth weight, medical condition or 50% delay)	WebSPOE will walk service coordinators through the eligibility determination process and collect all associated data elements as well as the areas of delay in the five domains if 50% delay is the primary eligibility.	Business rules requiring certain actions by SPOEs and service coordinators will promote best practices and compliance. Monitoring staff will be able to access EI records electronically which will enable them to monitor for the correct application of eligibility determinations.
Diagnosis and medical data	Data elements include all current elements plus additional detail.	More detailed information will allow for analysis of eligibility determinations as well as the types of children being served by First Steps.

Current SPOE software	Upcoming webSPOE software	Implications for First Steps System
<p>Intake/EI data including Intake and IFSP dates, service coordinator, inactivation date and reason. Currently, very little IFSP data is stored electronically other than dates and service authorizations.</p>	<p>Data elements include all current elements plus much more information and functionality. This is the area with the most dramatic change in the new software. The entire IFSP document will be part of webSPOE. All evaluation/assessment data, present levels, outcomes, outcome evaluation, services needed as identified on the IFSP and authorizations will be entered into the electronic record. "Other Services" provided to the child outside of the IFSP will also be recorded online.</p> <p>Service Coordinator Case Notes and service provider Progress Notes will be online.</p> <p>The actual services provided and claimed per IFSP will be able to be reviewed by the IFSP team.</p> <p>Business rules for the software will ensure that required steps for evaluation/assessment, eligibility determination and IFSP development and review are taken by service coordinators.</p>	<p>Business rules requiring certain actions by SPOEs and service coordinators will promote best practices and compliance. Monitoring staff will be able to access EI records electronically which will enable more timely intervention and correction of noncompliance.</p> <p>Electronically maintained IFSP information will also allow Compliance activities to occur on a broader scale in a shorter period of time.</p> <p>Statewide outcome-based reporting will be possible.</p> <p>The new system will also allow more oversight information to be available to both the IFSP Team and SPOEs.</p> <p>If a new family service coordinator is assigned to the family, the new service coordinator will be able to quickly review the electronic case file, all services provided and all IFSP information online.</p> <p>The IFSP Team will be able to address any aberrations in services provided during Team Reviews.</p>
<p>Family and insurance data</p>	<p>Data elements include all current elements plus some additional items. Also included in webSPOE is a Family Module which will contain information on and links for First Steps, family interim and exit surveys, and provider and stakeholder surveys.</p> <p>Families will be able to report if providers claimed services but the service was not provided to the family.</p>	<p>Family survey data will provide essential information on the progress and outcomes of infants and toddlers receiving services through First Steps. This is critical information for monitoring service delivery as well as program evaluation and improvement efforts.</p>
<p>Authorizations for services including dates, providers, frequency, intensity, duration, etc.</p>	<p>Data elements include all current elements as well as whether services are for eligibility determination purposes or are necessary services determined by the IFSP team. Services will be tied to outcomes. A "No Provider Available" option will be included as well as the documented reason for why the Provider was not available.</p>	<p>Analysis can be conducted on services and their corresponding outcomes. The "No Provider Available" option will allow DESE to monitor for provider shortages both regionally and of specific provider types. This information is critical to guide provider recruitment activities.</p> <p>Potential delays in service authorization entry will be greatly reduced.</p>

Current SPOE software	Upcoming webSPOE software	Implications for First Steps System
Pre-built reports are available to SPOEs	Additional and more flexible reports will be available to SPOE directors and other personnel and service coordinators	More versatile reports will allow SPOEs and service coordinators to manage case loads in a more efficient and timely manner. SPOE Directors will be able to closely monitor SPOE operations, Service Coordinators, and providers.
Communication to the First Steps stakeholders is completed via a ListServ	Communication with Providers, Service Coordinators and SPOEs will be completed via a "Bulletin Board" system within webSPOE.	The Bulletin Board will serve as a centralized and easily available communication methodology to DESE with identified stakeholders.
DESE receives the SuperSPOE database twice a month. The database contains much, but not all of the data maintained by the CFO.	DESE will have on-line, real-time access to all First Steps data.	Real-time access to all data will allow instant access to and monitoring of data. This will allow more timely identification and correction of noncompliance.
Service provider data (Matrix) is maintained separately from the child data system.	<p>The new Provider Module will enhance providers' ability to interact with the First Steps system. Providers will have access to the electronic records of children whom they are serving and will be able to enter progress notes on line.</p> <p>Providers will also have real-time capabilities to review authorizations and submit claims online.</p> <p>Information about providers will be enhanced so that families have more data when choosing service providers including the specific First Steps Training Modules completed.</p>	<p>The electronic link between providers and the children they are serving will allow for some monitoring of providers on an ongoing basis. Noncompliance or questionable practices can be identified and corrected in a timely manner.</p> <p>This will reduce the paperwork and paper time requirements of the Provider base. This will allow more time for Providers than the current paper process allows. Providers will be more satisfied in the First Steps system.</p>

Explanation of “Future Activities” sections

- New Cluster/Probe – Refers to clusters, questions and probes required by OSEP
- IP Key and Activity Key – After submitting the Part C Improvement Plan in July 2003, the Division developed a work scope. The IP Key and Activity Key are primarily for internal tracking of progress.
- Activity Groups – General description of the activity
- Future Activities to Achieve Projected Targets – More detailed activities which will lead towards attainment of targets
- Projected Targets/Evidence of Change – The measurement of progress for the activities
- Projected Timelines – Anticipated completion date for the activities
- Resources – The sections responsible for completing the activity.
 - CISE – Center for Innovations in Education
 - CMS – Compliance Monitoring System database
 - Comp – Compliance
 - Data – Data Coordination
 - DSE Staff – various Division of Special Education staff members
 - EP – Effective Practices
 - Facilitators – First Steps facilitators
 - Funds – Funds Management
 - Management Team – First Steps Management Team made up of Division Staff
 - Monitoring System – System for monitoring all elements of the First Steps program
 - SPOEs – System Points of Entry

Cluster Area CI: General Supervision (GS)

Question: Is effective general supervision of the implementation of the Individuals with Disabilities Education Act (IDEA) ensured through the Lead Agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?

Probes:

- GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?
- GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions?
- GS.III Are complaint investigations, mediations and due process hearings and reviews completed in a timely manner?
- GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?
- GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?

State Goal: (for reporting period July 1, 2002 through June 30, 2003)

- Effective general supervision of the implementation of the IDEA is ensured through the Lead Agency's utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments.

Performance Indicators: (for reporting period July 1, 2002 through June 30, 2003)

- GS.I The general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner.
- GS.II Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.
- GS.III Complaint investigations, mediations and due process hearings and reviews are completed in a timely manner.
- GS.IV There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.
- GS.V State procedures and practices ensure collection and reporting of accurate and timely data.

GS.I The general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner.

From OSEP letter on Self-Assessment, dated 03/2003:

OSEP cannot determine from the Self-Assessment:

- (1) the extent to which DESE has monitored, for compliance with Part C requirements, all of the agencies, institutions, and organizations used by the State to carry out Part C, including the extent to which DESE has monitored each of the SPOEs;
- (2) the effectiveness of DESE's monitoring procedures in identifying noncompliance; and
- (3) the effectiveness of DESE's procedures in ensuring the timely and effective correction of noncompliance.

1. Baseline/Trend Data and Analysis: (for reporting period July 1, 2002 through June 30, 2003)

Monitoring System Components

A system for monitoring of compliance with state and federal regulations implementing Part C of the Individuals with Disabilities Education Act (IDEA) has been developed to incorporate elements of the new Part C system redesign.

Elements of the monitoring system are:

- Review of data from Central Finance Office (CFO) reports
- On-site reviews at the SPOE to include:
 - Individual child record reviews
 - Staff interviews
 - Review of compliance with contractual obligations
- Review of surveys
 - Families
 - Providers
- Review of other public inputs
 - Phone calls
 - Mail (including e-mail)
 - Child complaints and due process hearing results

With the implementation of the CFO and the data system that it provides, a number of compliance requirements are monitored on a continuous basis through review of CFO reports. When review of these reports indicates potential compliance concerns, an immediate contact is made with the SPOE to investigate the issue.

Regular on-site reviews will also be scheduled with each SPOE. Prior to an on-site review, data reports will be analyzed, as well as review of information from surveys and other public inputs.

The monitoring system will address Early Intervention compliance standards and indicators developed around the Office of Special Education Programs (OSEP) cluster areas and indicators as well as the State Performance Goals and Indicators. To date, no monitoring of ongoing service coordinators or providers has occurred. This will change as the new RFP is put in place for Phase 1 SPOEs effective July 1, 2004. SPOEs will be responsible for overseeing all service coordination responsibilities. In addition, SPOEs will monitor progress notes being entered into the system by service providers.

A Peer Review Process will provide additional oversight for the system. Currently, the monitoring of service providers is scheduled to begin in July 2004 and will focus on the provision of services in accordance with the IFSP and in the natural environment. The Division is also going to be working with Alan Coulter from the National Center on Special Education Accountability Monitoring to develop a focused monitoring system during the summer of 2004.

Individual SPOE Noncompliance Issues Identified for FY 2002-03

	SPOE 1	SPOE 2	SPOE 4	SPOE 5	SPOE 6
	St. Charles	St. Louis	Atchison Area	Andrew Area	Platte-Clay-Ray
Provision of Prior Written Notice.			X	X	X
Content of Notice.				X	
Provision of Services.					X
Documentation of members of Multidisciplinary Evaluation Team.	X	X			
Application of eligibility criteria, particularly the use of Informed Clinical Opinion for children identified as eligible for services under the category of Developmental Delay.	X	X	X	X	X
Lack of documentation of the basis for the determination of eligibility.	X	X	X	X	X
The 45-day timeline for development of an IFSP from the date of referral was not being met.	X	X	X	X	X
Requirements for conducting a Family Assessment were not clearly understood.	X	X	X	X	X

Correction of Previous Noncompliance

DMH and DHSS were previously responsible for provision of services. Under the redesigned system, this is no longer the case. The following table shows that some areas of previous noncompliance have been resolved with the redesign, however others are still a concern. These areas are being monitored. The new RFP, to be implemented in July 2004, also addresses many of these areas by making SPOEs responsible for all aspects of the First Steps system within their regions.

Monitoring/Self-Study DMH/DHSS 1996-1999	Change	Phase 1 Initial Monitoring November, 2002
1. Lack of adequate notices and consents for evaluations and early intervention services	Development of standard forms; training of service coordinators Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Compliance Problem SPOEs 4, 5, 6
2. Failure to meet the 45 day timeline for evaluation and IFSP development	Development of vendor-based private service coordination to enhance capacity Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Compliance Problem SPOEs 1, 2, 4, 5, 6
3. Lack of written notification of IFSP meetings	Development of standard letter; training of service coordinators Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Not a problem
4. Lack of an IFSP document with all required components	Development of standard forms; training of service coordinators Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Not a problem
5. Lack of documentation of all early intervention services	Development of standard forms; training of service coordinators Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Compliance Problem SPOE 6
6. Lack of documentation for required developmental assessments	Development of standard forms; training of service coordinators Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Not a problem
7. Failure to notify the public of confidentiality procedures	DESE to develop public announcement and publish statewide DESE will conduct	Not a problem

Monitoring/Self-Study DMH/DHSS 1996-1999	Change	Phase 1 Initial Monitoring November, 2002
8. Failure to appropriately apply eligibility criteria	Development of process document/form and development of training module to address this issue. Phase 1 SPOE staff was trained on the model forms in January and February of 2002.	Compliance Problem SPOEs 1, 2, 4, 5, 6

Follow-up monitoring for the St. Louis SPOE conducted in November 2003 indicates that St. Louis still has issues in several areas. The remainder of Phase 1 follow-ups will be conducted in April and May of 2004. Many of these issues are addressed through the new RFP. Preliminary results for Phase 1 follow-ups and Phase 2 initial monitoring suggest that there are still areas of noncompliance, especially surrounding the application of eligibility criteria and meeting timelines. No monitoring of ongoing service coordinators or providers has occurred to this point. Many issues are addressed with the new webSPOE software and Phase 1 RFP, to be implemented in July 2004.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- Any areas of noncompliance identified and corrected in a timely manner.
- All Phase 1 SPOEs monitored in 2002-03.
- Monitoring staff to provide technical assistance for areas of noncompliance.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

The new RFP for Phase 1 SPOEs addresses the lack of oversight and monitoring of service coordinators and providers. The new webSPOE software is very compliance driven and will ensure compliance proactively rather than after the fact.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The only monitoring conducted in 2002-03 was for Phase 1 SPOEs that began operation April 1, 2002. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

Significant progress in all areas was seen as Missouri completed implementation of a redesigned Part C system in March 2003. The redesign resulted in:

- Establishment of a Central Finance Office (CFO) and centralized child-level data system
- Establishment of 26 System Points of Entry covering the state
- Establishment of a system to credential providers
- Establishment of key components of a personnel development system including the following training modules: Orientation, Evaluation and Assessment, IFSP Outcomes in the Natural Environment, Transition, and Service Coordination

The redesigned First Steps system and practices are intended to ensure the following:

- Improved coordination between families and providers
- Decision-making between the Department of Elementary and Secondary Education (DESE), the CFO and SPOEs
- Data collection and analysis based on the SPOE data system
- Improved monitoring due to the amount of data available about children served

4. Projected Targets:

- All Phase 2 SPOEs will be monitored during 2003-04.
- All Phase 1 follow-ups conducted in 2003-04.
- Any areas of noncompliance are identified and corrected in a timely manner.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.I	4.3	4.3.1	Development of monitoring standards	Timely provision of appropriate EI services	Services received in timely manner	4/2004	Comp
GS.I CC.I CC.II	4.3	4.3.2	Development of monitoring standards	Review application of eligibility criteria	Inappropriate eligibility determinations decreased	7/2003	Comp
GS.I CF CBT	4.3	4.3.3	Development of monitoring standards	Monitor for use and completion of mandated IFSP form	Revisions to mandated IFSP form completed	7/2004	Comp
GS.I CE.I CBT	4.3	4.3.4	Development of monitoring standards	Monitor for timely conduct of transition meetings	Timely transitions from Part C	9/2003	Comp
GS.I GS.II GS.V	4.4	4.4.1	Development of monitoring system	Monitoring of SPOEs	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	Ongoing	Comp
GS.I GS.II CE.I CE.II CE.III CBT	4.4	4.4.2	Development of monitoring system	DESE will examine policies and procedures re: eval/assess, eligibility determination, IFSP development, and C to B Transition with timelines, to ensure that these are clearly understood and consistently applied by SPOE staff, ongoing service coordinators and service providers.	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	10-11/2003	Comp

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.I GS.II	4.4	4.4.3	Development of monitoring system	Monitoring of service coordinators	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	7/2004 Ongoing	Comp
GS.I GS.I	4.4	4.4.4	Development of monitoring system	Monitoring of providers	Ongoing monitoring, correction of past deficiencies, enforcement actions implemented if needed	7/2004 Ongoing	Comp
GS.I	4.4	4.4.5	Development of monitoring system	Develop schedule for onsite monitoring of SPOEs	Schedule developed	Ongoing	Comp
GS.I GS.II	4.4	4.4.6	Development of monitoring system	Identify standards to be monitored	Standards identified	2003-04	Comp
GS.I GS.II	4.4	4.4.9	Development of monitoring system	Develop written monitoring procedures	Procedures developed	2003-04	Comp
GS.I CE.II	4.4	4.4.9.1	Development of monitoring system	Review eligibility determination document form (eval/assess covers five developmental areas)	Evaluation/Assessment includes information on all five developmental areas	4/2004	CMS, Comp
GS.I CE.II	4.4	4.4.9.2	Development of monitoring system	Review of IFSP for family assessment consent	Family assessment conducted with consent	4/2004	CMS, Comp
GS.I CE.III	4.4	4.4.9.6	Development of monitoring system	All services identified on IFSP are received	IFSP services and authorizations correspond	Ongoing	Comp
GS.I CBT	4.5		Follow up of Phase 1 SPOEs		Correction of non-compliance, enforcement actions implemented if needed	10-11/2003 4-5/2004	Comp
GS.I CBT	4.6		Initial Monitoring of Phase 2 SPOEs		Initial monitoring completed, enforcement actions implemented if needed	10-11/2003, 4-5/2004	Comp
GS.I GS.II GS.IV	7.1	7.1.1	Facilitators	Determine if we want to continue	All areas in compliance	7/04, Ongoing	Funds, Monitoring system

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.I GS.II GS.IV	7.1	7.1.2	Facilitators	Review work scope of facilitators	All areas in compliance	7/04, Ongoing	Funds, Monitoring system
GS.I GS.II GS.IV	7.1	7.1.3	Facilitators	Can a SPOE be a facilitator?	All areas in compliance	7/04, Ongoing	Funds, Monitoring system
GS.I GS.II GS.IV	7.2		SPOE Oversight	Review existing system and develop for oversight of service coordinators and providers	All areas in compliance	7/04, Ongoing	Funds, Monitoring system
GS.I GS.II GS.IV	7.3		First Steps Consultants	Revise/expand contracts to provide technical assistance and monitoring of SPOEs	All areas in compliance	7/04, Ongoing	Funds, Monitoring system

GS.II Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations and hearing resolutions.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

See tables in GS.I. Four monitoring standards showed noncompliance in all of the Phase 1 SPOEs. The standards included the following:

- Application of eligibility criteria, particularly the use of Informed Clinical Opinion for children identified as eligible for services under the category of Developmental Delay
- Lack of documentation of the basis for the determination of eligibility.
- The 45-day timeline for development of an IFSP from the date of referral was not being met
- Requirements for conducting a Family Assessment were not clearly understood.

Noncompliance in all Phase 1 SPOEs indicates that these were systemic issues, and all are being addressed in current initial and follow-up monitoring as well as trainings.

Sixteen child complaints were filed in 2002-03. Ten of those had findings of noncompliance. Allegations included referral issues, timelines and transition, some of which coincide with monitoring results for that year. Child complaints increased from three in 2001-02 to sixteen in 2002-03. Most of the complaints are from the St. Louis area dealing with timelines. St. Louis had numerous start-up and staffing challenges, many of which were exacerbated by the contract situation in which no additional funds were available to deal with staffing issues. The St. Louis SPOE is part of Phase 1 and is currently being re-bid under the new RFP.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

Systemic issues are identified and remediated.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

The new RFP for Phase 1 SPOEs addresses the lack of oversight and monitoring of service coordinators and providers. The new webSPOE software is very compliance driven and will ensure compliance proactively rather than after the fact.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under “Baseline/Trend Data and Analysis” will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- Systemic issues are identified and remediated.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I, GS.IV, CE.I and CBT

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II	4.4	4.4.7	Development of monitoring system	Develop report formats	Report formats developed	2004-05	Comp
GS.II	4.4	4.4.8	Development of monitoring system	Develop CMS for First Steps	CMS developed for First Steps	2004-05	Comp
GS.II	4.4	4.4.9.3	Development of monitoring system	Identify data reports from system	Data reports identified	2003-04	Data, Comp
GS.II	4.4	4.4.9.4	Development of monitoring system	Identify the standards that can be monitored via the reports	Standards identified	2003-04	Comp
GS.II	4.4	4.4.9.5	Development of monitoring system	Identify the standards that require onsite visits	Standards identified	2003-04	Comp
GS.II GS.III	4.7	4.7.6	Monitoring of data reports	Monitor complaint system	Utilized in monitoring system, parents aware of and have access to rights	2003-04 Ongoing	DSE Staff
GS.II	4.7	4.7.7	Monitoring of data reports	Examine monitoring reports	All in compliance	7/2004 Ongoing	DSE Staff

GS.III Complaint investigations, mediations and due process hearings and reviews are completed in a timely manner.**1. Baseline/Trend Data and Analysis** (for reporting period July 1, 2002 through June 30, 2003)

	2001-02		2002-03	
	Child Complaints	Due Process	Child Complaints	Due Process
Total Filed	3	1	16	1
Completed within Timelines	2	0	13	0
Withdrawn	1	1	3	1
Completed outside of Timelines	0	0	0	0

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- All complaint investigations, mediations and due process hearing and reviews are completed in a timely manner.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

In school year 2001-2002, the Division of Special Education created a position of Child Complaint Coordinator. This change was due to the number of extensions in prior years and the workloads of other monitoring supervisors. Having one person to coordinate all activities regarding child complaints has been instrumental in decreasing the number of child complaint extensions. Also, the creation of the new child complaint database provides a regular report of child complaints that are nearing the end of timelines.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- All complaint investigations, mediations and due process hearing and reviews are completed in a timely manner.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See GS.II

This is a maintenance area for Missouri.

GS.IV There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

From OSEP letter on Self-Assessment dated 03/2003:

OSEP cannot determine from the Self-Assessment the extent to which there are shortages of qualified personnel (including public and private service providers, service coordinators and paraprofessionals) to provide early intervention services, and, if there are, the impact of such shortages on the provision of timely and appropriate services to infants and toddlers and their families, as specified in their IFSPs.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

Provision of Services

- Intake Service Coordination is provided through contracts with the Lead Agency. Through a system of 26 System Points of Entry (SPOEs), intake service coordinators accept referrals and coordinate the evaluation process to determine eligibility for the Part C system.
- DMH, through the interagency agreement, funds ongoing Service Coordination for up to 2300 eligible infants and toddlers. Service coordination for all other eligible infants and toddlers is provided via independent service coordinators who have contractual agreements with the lead agency. All service coordinators are enrolled with the Central Finance Office and are listed on the State's Provider Matrix, which allows families to select their ongoing service coordinator. These systems of service coordination provide choice for families as well as the timely selection of service coordinators by families.
- Qualified personnel who are under contract with DESE provide all other early intervention services required by Part C. These providers bill the Central Finance Office (CFO). The CFO in turn, bills Department of Social Services (Medicaid) who reimburses the CFO per the interagency agreement between DMS and DESE.
- Payments to providers in Missouri's Part C system are based on the state's Medicaid reimbursement rate. This rate includes a natural environments incentive for services provided in those settings. As a result, the state's Medicaid office will not approve any added payment for travel expenses incurred by providers when serving children in the natural environment. Missouri is primarily a rural state and attracting providers to the Part C system is challenging when the pay rate is so low and providers must drive long distances to serve children with no reimbursement for the time on the road or the costs associated with the travel.

SPOE Intake Coordinators	Average Monthly Referrals*	Intake Service Coordinator FTE**	Average Referrals per Intake Coordinator per Month
St. Louis (Region 2)	142.79	8.50	16.80
St. Charles (Region 1)	35.71	6.00	5.95
Other Phase 1 SPOEs (Regions 4, 5, 6)	35.00	9.75	3.59
Kansas City (Region 9)	61.50	3.50	17.57
Springfield (Region 13)	27.50	1.00	27.50
Jefferson County (Region 3)	26.25	1.50	17.50
Other Phase 2 SPOEs	147.75	15.85	9.32

* See data in CC.I

** Intake Coordinator needs as outlined in contractors' bids for SPOE regions

Providers of Special Education Services by Service Type and Caseload

Provider Type	6/30/2003				
	A Number of Children Receiving Services	B Number of Enrolled Providers	C Number of Providers Providing Services	D Average Caseload	E Percent of Providers Providing Services
ABA	58	218	126	0.46	57.8%
Assistive Technology Providers	325	105	59	5.51	56.2%
Audiologist	79	22	11	7.18	50.0%
Interpreters (Bilingual and Sign)	38	29	16	2.38	55.2%
Nurses	77	33	9	8.56	27.3%
Nutritionists	209	10	9	23.22	90.0%
Occupational Therapists	1,918	491	336	5.71	68.4%
Orientation and Mobility Specialists	17	8	3	5.67	37.5%
Physical Therapists	1,811	427	303	5.98	71.0%
Physicians and Pediatricians	3	2	1	3.00	50.0%
Psychologists	11	4	3	3.67	75.0%
Service Coordination	3,297	228	173	19.06	75.9%
Social Workers	69	39	21	3.29	53.8%
Special Instruction	1,307	273	226	5.78	82.8%
Speech and Language Pathologists	2,420	613	444	5.45	72.4%
Total	11,639	2,502	1,740	6.69	69.5%

Source: Provider listing from CFO and SuperSPOE database as of 2/22/04

Notes:

A – Number of children receiving services on June 30, 2003

B – Number of providers enrolled with the CFO as of June 30, 2003

C – Number of enrolled providers who were providing services to the children in column A

D – Average caseload = column A / column C

E – Percent of Enrolled Providers Providing Services = column C / column B

Provider Module Training during 2002-03

Module Title	Sessions	Attendees
Module I: FS Orientation	21	430
Module II: FS Evaluation and Assessment	12	248
Module III: IFSP Outcomes in Natural Environment	7	138
Module IV: FS Transition	4	96
Specialty Module: Service Coordination	6	57
Total*	50	969

* Total attendees may be duplicated if providers attended multiple trainings.

Source: STRS database from Center for Innovations in Education (CISE)

The current SPOE system allows for a less than full-time director or administrator, however the new Phase 1 RFP requires a full-time director who shall be responsible for over-all program oversight, all administrative functions associated with operating the SPOE, and ensuring that day to day operations are conducted in a business-like manner at all times. Based on 2002-03 data, Intake Coordinators at SPOEs have varying average monthly caseloads by region. The SPOE regions with the largest average referral caseloads are the SPOEs that are having the most trouble meeting 45 day timelines. Therefore, it appears that some SPOEs are not adequately staffed to handle all referrals in a timely manner. At a statewide level, the average caseload for providers is very low to reasonable, but we know, from various inputs from SPOEs, the SICC and service coordinators, that there are provider shortages, particularly in rural areas and for some provider types. We also are aware that there are many providers listed on the provider matrix who are not currently serving any First Steps children and appear to have little intent to provide any First Steps services. The Division is currently working on removing non-participating providers from the matrix. In addition, the new webSPOE software will add a "No Provider Available" option so that data on provider shortages can be collected and analyzed and used to focus provider recruitment efforts.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- There are sufficient numbers of trained administrators, service coordinators, teachers, service providers, paraprofessionals and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

Provider recruitment has been a priority since implementation of the redesigned program began in April of 2002. Continued efforts are needed to identify areas in which there are shortages as well as target recruitment efforts to those areas. In order to have enough providers to provide services, deadlines for training requirements were extended to allow providers to enroll. Deadlines have been re-established as June 30, 2004 for Phase 1 and December 1, 2004 for Phase 2. All providers wishing to enroll as new providers must complete Module I - Orientation before they can enroll with the CFO as of April 1, 2004. The deadline for all currently enrolled providers to complete Module I - Orientation is May 1, 2004. Changes to the SPOE software and the Phase 1 RFP address provider shortages and recruitment issues. Currently, five module trainers are IHE faculty members and are imbedding training modules into curricula.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- All services identified in IFSPs will be provided.
- No child will go without a needed service because of lack of providers.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I, CE.I and CE.IV

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II GS.IV	5.2	5.2.5	Develop and implement new training modules	Coordinate data for CISE and CFO for better planning for training	Data coordinated	Ongoing	EP, CISE, CFO
GS.IV	6.2	6.2.7	Update Child Data System	Add "No Provider Available"	All services provided	2004-05	Data
GS.IV	10.1	10.1.1	Review personnel exemptions	Revise personnel standards	Standards revised	2003-04	EP, Comp
GS.IV	10.1	10.1.2	Review personnel exemptions	Develop written procedures regarding exemption process	Procedures developed	2003-04	EP
GS.IV	10.1	10.1.3	Review personnel exemptions	Move process to CFO	Process moved	2004-05	EP
GS.IV CE.I	10.2		Review and revise credentialing process		All providers credentialed	3/2005	EP, CFO
GS.IV	10.3		Revise personnel guide	Revise personnel standards	Standards revised	2003-04	EP
GS.IV GS.V	10.4	10.4.1	Monitor availability of qualified personnel	Monitor Specialty by SPOE by County report	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.2	Monitor availability of qualified personnel	Monitor State Map of PT/OT/Speech Providers	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.3	Monitor availability of qualified personnel	Monitor State Map of Service Coordinators	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.4	Monitor availability of qualified personnel	Monitor on-line service provider matrix	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.5	Monitor availability of qualified personnel	Make contacts with SPOEs and FS Facilitators	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV GS.V	10.4	10.4.6	Monitor availability of qualified personnel	Monitor Child Complaint Findings	Providers are qualified, timely evaluation/assessment	Ongoing	DSE Staff
GS.IV	10.5	10.5.1	Provider recruitment and enrollment	Utilize data reports	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.IV	10.5	10.5.1.1	Provider recruitment and enrollment	Monitor Specialty by SPOE by County report	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs
GS.IV	10.5	10.5.1.2	Provider recruitment and enrollment	Monitor State Map of PT/OT/Speech Providers	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs
GS.IV	10.5	10.5.2	Provider recruitment and enrollment	Provide ongoing enrollment information	Provider shortage decreases, recruitment activities implemented	Ongoing	EP
GS.IV	10.5	10.5.3	Provider recruitment and enrollment	Revise provider enrollment web page	Provider shortage decreases, recruitment activities implemented	Ongoing	EP
GS.IV	10.5	10.5.4	Provider recruitment and enrollment	Develop process and procedures for recruitment	Provider shortage decreases, recruitment activities implemented	Ongoing	EP, Facilitators, SPOEs
CE.I GS.IV	10.5	10.5.5	Provider recruitment and enrollment	Service Coordinator Credentialing	All Service Coordinators credentialed	3/2005	EP,CFO
CE.I GS.IV	10.5	10.5.6	Provider recruitment and enrollment	Supervision of associates		Ongoing	EP
CE.I GS.IV	10.5	10.5.7	Provider recruitment and enrollment	Make available service coordinator recruitment brochure and information through facilitators	Sufficient number of Service Coordinators to meet demands	Ongoing	Facilitators, Funds
CE.I GS.IV	10.5	10.5.8	Provider recruitment and enrollment	Continue implementation of provider recruitment plan through facilitators	Sufficient number of providers to meet demands	Ongoing	Facilitators, EP

GS.V State procedures and practices ensure collection and reporting of accurate and timely data.**1. Baseline/Trend Data and Analysis** (for reporting period July 1, 2002 through June 30, 2003)

Various efforts have been made to ensure the accuracy of data entered by the SPOEs:

- Each SPOE is the electronic record-keeper for the children served in their area. System requirements demand accurate and timely data entry at the child level in order for the children to have valid authorizations for services. These data are maintained at the SPOE and are batched to the CFO on a regular basis.
- Twice a month the CFO sends to DESE an up-to-date superSPOE database that contains child and family data including demographics and eligibility, IFSP information and service authorizations data, among other items. This database is used to aggregate and disaggregate data through Access queries for federal reporting purposes, and data is monitored for irregularities through various query results. Questions and clarifications are asked of the SPOEs as appropriate. Examples of data clean-up required based on the database include children without service coordinators listed in the software, children whose electronic record may need to be inactivated, children incorrectly marked as duplicates, children in referral over 45 days, etc.
- A SPOE data report is compiled from the SuperSPOE and posted on the web monthly. This report contains referral, timelines, IFSP and inactivation data by SPOE. Posting this report has encouraged more accurate data entry.
- Data is being used for monitoring. Some reports are used for desk reviews while other data is used to determine which SPOEs to monitor on-site.
- SPOE training on the software was conducted prior to implementation for both Phase 1 and 2. This training, along with technical assistance from the CFO help desk, supports more accurate data entry.

The CFO database is backed up incrementally nightly with full backups occurring on the weekends. These backups are in underground caves. This allows the greatest degree of protection from natural events and provides the CFO Operations Facility and the Early Intervention/CFO data protection.

The hardware is protected from fire hazard with dual-zone FM200 fire protection. An independently contracted company continuously monitors this system around the clock and the Operations Facility is audited yearly by Kansas City Fire and Security, L.L.C.

The hardware is housed in a Data Center in the CFO Operations Facility based in Lenexa, Kansas. The Data Center has a 50KVA Full On-Line Multi-Phase Uninterruptible Power Supply capable of supplying any needed 110 and 220-volt power demands. This system protects the Data Center and the hardware in case of power failure, power fluctuations or 'brown-out' power conditions.

The Operations Facility is entry-controlled with all access logged and controlled by card key and sign-in procedures. The procedures allow proper security protection for the hardware, software and the data of the Early Intervention program.

The database is housed on servers that are protected from hard-drive failure with RAID-5 and RAID-1. This server configuration allows for limited hard drive failure without any interruption in the levels of service provided. This level of hardware protection protects against prolonged server 'down-time.'

2. Target: (for reporting period July 1, 2002 through June 30, 2003)

- Data collection and reporting is accurate and timely.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

See SPOE software changes in the Introduction section for information on upcoming changes to the SPOE software that will significantly impact the quality and quantity of available data as well as significantly enhance monitoring efforts.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- Data collection and reporting is accurate and timely.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See GS.I, GS.IV and CE.I

Cluster Area CII: Comprehensive Child Find System (CC)

Question: Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?

Probes:

CC.I Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to state and national data for the percentage of infants and toddlers with developmental delays?

CC.II Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with state and national data?

State Goals: (for reporting period July 1, 2002 through June 30, 2003)

- The enrollment in First Steps will increase based on Missouri's population estimates.
- The number of children served by First Steps who are from historically underrepresented populations will increase.

Performance Indicators: (for reporting period July 1, 2002 through June 30, 2003)

CC.I The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.

CC.II The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with state and national data.

CC.I The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to state and national data for the percentage of infants and toddlers with developmental delays.

From OSEP letter on Self-Assessment dated 03/2003:

Part C Child Find – Part C requires, at 34 CFR 303.321(b)(1), that all infants and toddlers in the State who are eligible for services under Part C are identified, located, and evaluated. On page 2 of the Child Find and Public Awareness Section of the Self-Assessment, the State set forth its' conclusion-based on current census data and the number of infants and toddlers with disabilities identified – that it does not identify or evaluate all Part C eligible infants and toddlers.

1. Baseline/Trend Data and Analysis: (for reporting period July 1, 2002 through June 30, 2003)

Responsibilities for Child Find and referral to the Part C system for Missouri State agencies are included in Missouri Regulations for Part B (page 11), Part C (page 20) and Interagency Agreements with the Departments of Mental Health (DMH), Health (DHSS) and Social Services (DSS). These regulations and agreement assure the timely referral of infants and toddlers with suspected disabilities to Missouri's Part C system for eligibility determination.

National Comparison Birth through Age 2	
National (December 1, 2002)*	2.24%
Missouri (December 1, 2002)*	1.33%
MO Self Assessment (October 2002)	1.28%
Missouri (June 30, 2003)	1.57%
Missouri (December 31, 2003)	1.57%

* % Based on 2002 Population Estimates

Sources: US DOE, OSEP, Data Analysis System (DANS); SuperSPOE database as of 2/22/04

Percentage of all children under the age of three receiving services 12/1/2002 (Excludes at-risk)

States with Narrow Eligibility Criteria

State	Percentage
Alaska	2.12%
Oklahoma	2.03%
North Dakota	1.88%
Montana	1.81%
Arizona	1.36%
Missouri	1.33%
District of Columbia	1.27%
Nevada	0.91%

Active Infants and Toddlers with an IFSP In Comparison to Census Total as of 6/30/2003

SPOE Regions		Total Active	< 3 yrs Census Total	Active IFSP % of population
St. Louis (Region #2)	Urban	963	51,701	1.86%
St. Charles (Region #1)	Urban	273	12,770	2.14%
Atchison area (Region #4)	Rural	22	1,923	1.14%
Platte/Clay/Ray (Region #6)	Near Urban	219	11,888	1.84%
Andrew (St. Joseph) (Region #5)	Rural	85	5,317	1.60%
SE MO (Region #7, 21, 23)	Rural	177	15,796	1.12%
Kirksville (Region #8)	Rural	32	2,632	1.22%
Kansas City (Region #9)	Urban	411	27,839	1.48%
Sedalia (Region #10)	Rural	68	6,380	1.07%
Columbia (Region #11)	Small Urban	161	9,498	1.70%
SW MO (Region #12, 14, 15)	Rural	207	19,837	1.04%
Springfield (Region #13)	Small Urban	245	13,695	1.79%
Jefferson City (Region #16)	Rural	84	5,872	1.43%
Camdenton/Rolla (Region #17)	Rural	69	6,316	1.09%
Union (Region #19)	Rural	75	4,408	1.70%
Cuba (Region #20)	Rural	31	2,408	1.29%
S Central MO / West Plains (Region #18, 22)	Rural	44	6,554	0.67%
N Central MO (Region #24)	Rural	24	2,066	1.16%
Shelby (Region #25)	Rural	29	2,080	1.39%
Montgomery City (Region #26)	Rural	50	3,602	1.39%
Jefferson County (Region #3)	Near Urban	208	8,486	2.45%
Grand Total		3,477	221,068	1.57%

* 2000 Census

Source: SuperSPOE database as of 2/22/04

Counts of Infants and Toddlers under three years old with IFSPs

SPOE Region	04/1/2002	06/1/2002	08/1/2002	10/1/2002	12/1/2002	02/1/2003	04/1/2003 *	06/1/2003	% change from implementation to present **
St. Louis (Region 2)	663	763	883	913	905	926	935	940	41.78%
St. Charles (Region 1)	189	234	268	282	285	280	268	266	40.74%
Other Phase 1 SPOEs (Regions 4, 5, 6)	190	208	259	260	278	303	330	341	79.47%
Kansas City (Region 9)	--	--	--	--	--	--	362	387	6.91%
Springfield (Region 13)	--	--	--	--	--	--	244	247	1.23%
Jefferson County (Region 3)	--	--	--	--	--	--	236	219	-7.20%
Other Phase 2 SPOEs	--	--	--	--	--	--	1,029	1,048	1.85%
Total Phase 1	1,042	1,205	1,410	1,455	1,468	1,509	1,533	1,547	48.46%
Total Phase 2							1,871	1,901	1.60%
Grand Total	1,042	1,205	1,410	1,455	1,468	1,509	3,404	3,448	
Increase	--	163	205	45	13	41	1,895	44	
% Increase	--	15.6%	17.0%	3.2%	0.9%	2.8%	125.6%	1.3%	

* Phase 2 Implementation began on March 1, 2003.

** For Phase 1 SPOEs, % changes from April 1, 2002 to June 1, 2003. For Phase 2 SPOEs, % changes from April 1, 2003 to June 1, 2003.

Source: SuperSPOE database as of 3/7/04

Active Infants and Toddlers by Primary Program Eligibility as of 6/30/2003

SPOE	50% Delay in One Dev. Domain	% of Total	Medical Diagnosis	% of Total	Very Low Birth Weight	% of Total	Grand Total
St. Louis (Region 2)	573	59.50%	293	30.43%	97	10.07%	963
St. Charles (Region 2)	146	53.48%	118	43.22%	9	3.30%	273
Other Phase 1 SPOEs (Regions 4, 5, 6)	163	50.00%	121	37.12%	42	12.88%	326
Kansas City (Region 9)	196	47.69%	179	43.55%	36	8.76%	411
Springfield (Region 13)	142	57.96%	85	34.69%	18	7.35%	245
Jefferson County (Region 3)	72	34.62%	132	63.46%	4	1.92%	208
Other Phase 2 SPOEs	441	41.96%	529	50.33%	81	7.71%	1,051
Grand Total	1,733	49.84%	1,457	41.90%	287	8.25%	3,477

*All "Active Infants and Toddlers" have an active IFSP and have not been terminated.

Source: SuperSPOE database as of 2/22/04

Child Count, Active IFSPs by Race

Race	Active IFSPs 6/30/2003	%	MO Population (0-2 years old)*	%	% of MO population by Race
American Indian or Alaska Native	5	0.14%	931	0.43%	0.54%
Asian/Pacific Islander	71	2.04%	2,650	1.21%	2.68%
Black, African Am. (Not Hispanic)	457	13.14%	30,392	13.92%	1.50%
Hispanic/Latino	103	2.96%	8,749	4.01%	1.18%
White (Not Hispanic)	2,841	81.71%	175,567	80.43%	1.62%
Total	3,477		218,289		

* 2000 Census (excludes biracial, multiracial and "other" races)

Source: SuperSPOE database as of 2/22/04

Referrals per 2-month span

	May-June 2002	July-Aug 2002	Sep-Oct 2002	Nov-Dec 2002	Jan-Feb 2003	Mar-Apr 2003*	May-June 2003	Monthly Average
St. Louis (Region 2)	283	246	298	264	341	318	249	142.79
St. Charles (Region 1)	60	51	101	59	84	83	62	35.71
Other Phase 1 SPOEs (Regions 4, 5, 6)	70	61	72	61	91	81	54	35.00
Kansas City (Region 9)	--	--	--	--	--	145	101	61.50
Springfield (Region 13)	--	--	--	--	--	48	62	27.50
Jefferson County (Region 3)	--	--	--	--	--	63	42	26.25
Other Phase 2 SPOEs	--	--	--	--	--	333	258	147.75
Grand Total	413	358	471	384	516	1,071	828	476.50
Increase		-55	113	-87	132	555	-243	
% Increase		-13.3%	31.6%	-18.5%	34.4%	107.6%	-22.7%	

* Phase 2 Implementation began on March 1, 2003.

Source: SuperSPOE database as of 2/22/04

Count of Referral Sources - All Children Under 3 Years of Age who Received IFSPs

Source	6/30/2003	%
Child Care program/provider	374	10.76%
Dept. of Health and Senior Services (DHSS)	2	0.06%
Dept. of Mental Health (DMH)	926	26.63%
Head Start / Early Head Start	150	4.31%
Hospital (other than NICU)	93	2.67%
Missouri School for the Blind (MSB)	5	0.14%
Missouri School for the Deaf (MSD)	0	0.00%
Neonatal Intensive Care Unit (NICU)	49	1.41%
Other health care provider	56	1.61%
Other LEA program*	453	13.03%
Parent	385	11.07%
Physician (MD, DO, Psychiatrist, Psychologist)	342	9.84%
Public Health facilities/providers	5	0.14%
Parents as Teachers	81	2.33%
Social Service Agency (inc. DFS)	63	1.81%
Other Referral Source*	493	14.18%
Total	3,477	100.00%

Source: SuperSPOE database as of 2/22/04

* A large number of the referrals from "Other LEA Program" and "Other Referral Source" were for children who were converted to the new system. No additional information is available on these referrals, but more current data show that the percentages in these categories are decreasing.

Referral Eligibility Information

	7/1/2002 to 6/30/2003		
SPOE	Referrals	IFSPs	% Eligible
St. Louis (Region 2)	1,710	870	50.88%
St. Charles (Region 1)	426	214	50.23%
Other Phase 1 SPOEs (Regions 4, 5, 6)	419	296	70.64%
Kansas City (Region 9)	242	137	56.61%
Springfield (Region 13)	109	72	66.06%
Jefferson County (Region 3)	105	49	46.67%
Other Phase 2 SPOEs	645	317	49.15%
Grand Total	3,656	1,955	53.47%

Source: SuperSPOE database as of 2/22/04

Referrals and Eligibility Rate by Race

Race	Implement to 6/30/03	Received IFSPs	Eligibility Rate
American Indian or Alaska Native	7	5	71.43%
Asian/Pacific Islander*	381	58	15.22%
Black, African Am. (Not Hispanic)	590	348	58.98%
Hispanic/Latino	109	62	56.88%
White (Not Hispanic)	3,263	2,000	61.29%
Total	4,350	2,473	56.85%

Source: SuperSPOE database as of 2/22/04

* The reasons for the large number of Asian/Pacific Islander referrals is largely unknown, however it could be due to large number of Asian adoptions.

Findings:

- In general, the count of children with active IFSPs has been increasing and data show that Missouri has reached the benchmark set for the December 1, 2003 child count, however, the percent of children served lags far behind the national average. It is important to keep in mind that the Missouri First Steps program does not serve children at-risk and has narrow eligibility criteria. However, comparison to other states with narrow eligibility criteria shows Missouri to have the third lowest percentage of children served. Across all eligibility criteria, only six states have percentages served less than Missouri.
- The percentage of children served in the First Steps program varies across SPOEs, however the SPOEs in or near urban areas tend to be serving higher percentages of the infant and toddler population under three years old.
- Additional analysis is needed to examine referral sources and the application of eligibility criteria especially in regards to areas serving the highest and lowest percentages of infants and toddlers.
- Data does suggest that a high percentage of referrals are not found eligible for services, suggesting that referral sources are not as familiar with eligibility criteria as they could be. Preliminary data for 2003-04 shows a large increase in the percent of referrals made by parents suggesting that more people are aware of the First Steps program. Some differences are seen between SPOEs in the percentages of children by primary eligibility category. This is being addressed in monitoring visits and ongoing reviews of data.
- Some racial disproportionality is seen in the possible under-representation of Hispanics in the First Steps program. This is being addressed in SPOE responsibilities for public relations and child find through the new RFP.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

Targets had not been established for 2002-2003. Targets were established in conjunction with the Improvement Plan which was submitted July 1, 2003.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

Local Interagency Coordinating Councils (LICC) can have a large impact on child find across the state, however funding for LICC operations was cut during the 2002 Legislative session, when a \$700,000 reduction was required by the state legislature to the DESE First Steps supplemental budget request. DESE made the decision to continue direct services to infants, toddlers and families and focus budget reductions on administrative functions, LICCs and training.

Child find will be significantly impacted by the requirements and performance standards being put in place for the Phase 1 SPOE RFP. Regional Interagency Coordinating Councils (RICC) will be established by the SPOEs and will work with the SPOEs to determine child find targets appropriate to each region. These targets will then be used to evaluate SPOEs on performance standards. See the RFP section in the Introduction for more information.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

The following benchmarks/targets were established in conjunction with Missouri's Improvement Plan.

The percent of children served in Part C as measured by the December child count will be consistent with the national participation rate as follows:

Child Count as of	Target
December 2003	1.55%
December 2004	1.65%
December 2005	1.75%
December 2006	1.85%
December 2007	2.00%

Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I and CE.I

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CC.I CC.II	4.7	4.7.4	Monitoring of data reports	Monitor Active Infants and Toddlers Report	Increase in percent of infants and toddlers served in First Steps	7/2004 Ongoing	DSE Staff
CC.I	7.8	7.8.1.2	Interagency Agreements	Meet with DHSS to revise interagency agreement	An updated agreement	2003-04	Comp
CC.I	7.8	7.8.1.3	Interagency Agreements	Meet with DMS to revise interagency agreement	An updated agreement	2003-04	Comp
CC.I CC.II	7.8	7.8.3	Interagency Agreements	Public Awareness/Child Find	Referrals to IFSP percentage of 80% or higher	Ongoing	Data

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CC.I CC.II	7.8	7.8.3.1	Interagency Agreements	General informing brochure update and distribution	Brochure updated and distributed	Ongoing	EP
CC.I CC.II	7.8	7.8.3.2	Interagency Agreements	Review and revise PR plan	PR plan reviewed and revised	12/2003	DSE Staff
CC.I CC.II	7.8	7.8.3.3	Interagency Agreements	Implementation of Public Awareness Plan	PR plan implemented	7/2004	EP, LICCs and SPOEs
CC.I CC.II	7.8	7.8.3.5	Interagency Agreements	Development and distribution of public notice	Public notice developed and distributed		EP
CC.I CC.II	7.8	7.8.3.7	Interagency Agreements	Target specific racial/ethnic groups to promote referrals from diverse populations	Referrals consistent with racial demographics	1/2008	Data
CC.I CC.II	7.8	7.8.3.8	Interagency Agreements	Activities to target critical referral sources (medical, PAT, etc.)	Referrals consistent with DHSS Birth Defects Report	1/2008	Data
CC.I CC.II	7.8	7.8.3.9	Interagency Agreements	Consider expansion of eligibility criteria to be less restrictive and include at risk	Review impact data	7/2006	DSE Staff

CC.II The percentage of eligible infants with disabilities under the age of one that are receiving Part C services is comparable with state and national data.

1. Baseline/Trend Data and Analysis: (for reporting period July 1, 2002 through June 30, 2003)

National Comparison Birth to Age 1	
National (December 1, 2002)*	1.03%
Missouri (December 1, 2002)*	0.55%
MO Self Assessment (October 2002)	0.48%
Missouri (June 30, 2003)	0.63%
Missouri (December 31, 2003)	0.68%

* % Based on 2002 Population Estimates

Sources: US DOE, OSEP, Data Analysis System (DANS); SuperSPOE database as of 2/22/04

Percentage of all children under the age of one receiving services 12/1/2002

(Excludes at-risk)

States with Narrow Eligibility Criteria

State	Percentage
Oklahoma	1.33%
Montana	1.20%
North Dakota	0.85%
Alaska	0.83%
Missouri	0.56%
Arizona	0.53%
Nevada	0.35%
District of Columbia	0.32%

Active Infants and Toddlers less than 1-year old with an IFSP in Comparison to Census Total as of 6/30/2003

SPOE Regions		Total <1 year old	<1 yr Census Total	Active IFSP % of population
St. Louis (Region #2)	Urban	112	16,773	0.67%
St. Charles (Region #1)	Urban	35	4,109	0.85%
Atchison area (Region #4)	Rural	4	650	0.62%
Platte/Clay/Ray (Region #6)	Near Urban	30	3,879	0.77%
Andrew (St. Joseph) (Region #5)	Rural	12	1,789	0.67%
SE MO (Region #7, 21, 23)	Rural	32	5,238	0.61%
Kirksville (Region #8)	Rural	7	820	0.85%
Kansas City (Region #9)	Urban	49	9,391	0.52%
Sedalia (Region #10)	Rural	4	2,125	0.19%
Columbia (Region #11)	Small Urban	32	3,111	1.03%
SW MO (Region #12, 14, 15)	Rural	33	6,456	0.51%
Springfield (Region #13)	Small Urban	28	4,645	0.60%
Jefferson City (Region #16)	Rural	13	1,940	0.67%
Camdenton/Rolla (Region #17)	Rural	13	2,143	0.61%
Union (Region #19)	Rural	7	1,422	0.49%
Cuba (Region #20)	Rural	4	804	0.50%
S Central MO / West Plains (Region #18, 22)	Rural	10	2,133	0.47%
N Central MO (Region #24)	Rural	2	670	0.30%
Shelby (Region #25)	Rural	4	708	0.56%
Montgomery City (Region #26)	Rural	11	1,172	0.94%
Jefferson County (Region #3)	Near Urban	20	2,864	0.70%
Grand Total		462	72,842	0.63%

* 2000 Census

Source: SuperSPOE database as of 2/22/04

Count of Referral Sources - Children with Referral Date Before Their 1st Birthday

Source	6/30/2003	%
Child Care program/provider	82	4.38%
Dept. of Health and Senior Services (DHSS)	1	0.05%
Dept. of Mental Health (DMH)	651	34.78%
Head Start / Early Head Start	96	5.13%
Hospital (other than NICU)	51	2.72%
Missouri School for the Blind (MSB)	1	0.05%
Missouri School for the Deaf (MSD)	0	0.00%
Neonatal Intensive Care Unit (NICU)	44	2.35%
Other health care provider	7	0.37%
Other LEA program	234	12.50%
Parent	110	5.88%
Physician (MD, DO, Psychiatrist, Psychologist)	211	11.27%
Public Health facilities/providers	2	0.11%
Parents as Teachers	12	0.64%
Social Service Agency (inc. DFS)	55	2.94%
Other Referral Source	315	16.83%
Total	1,872	100.00%

Source: SuperSPOE database as of 2/22/04

* A large number of the referrals from "Other LEA Program" and "Other Referral Source" were for children who were converted to the new system. No additional information is available on these referrals, but more current data shows that the percentages in these categories are decreasing.

Findings:

- In general, the count of children under the age of one with active IFSPs has been increasing and data show that Missouri has reached the benchmark set for the December 1, 2003 child count, however the percentage of infants under the age of one served is not approaching national averages. It is important to keep in mind that the Missouri First Steps program does not serve children at-risk and has narrow eligibility criteria. However, comparison to other states with narrow eligibility criteria shows Missouri to have the fourth lowest percentage of children served. Across all eligibility criteria, twelve states have percentages served less than Missouri.
- The percentage of children served in the First Steps program varies across SPOEs. Compared to all children birth through age two, there is less of a correlation between urban and rural areas and the percent of infants served
- Compared to referral sources for all infants and toddlers, referrals for the infants under age one tend to come from DMH and neonatal intensive care units (NICUs) and physicians and fewer from parents. The number of referrals from NICUs is a relatively low percent. We need to work with the NICUs to ensure that all appropriate referrals are being made.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

Targets had not been established for 2002-2003. Targets were established in conjunction with the Improvement Plan which was submitted July 1, 2003.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

Local Interagency Coordinating Councils (LICC) can have a large impact on child find across the state, however funding for LICC operations was cut during the 2002 Legislative session, when a \$700,000 reduction was required by the state legislature to the DESE First Steps supplemental budget request. DESE made the decision to continue direct services to infants, toddlers and families and focus budget reductions on administrative functions, LICCs and training.

Child find will be significantly impacted by the requirements and performance standards being put in place for the Phase 1 SPOE RFP. Regional Interagency Coordinating Councils (RICC) will be established by the SPOEs and will work with the SPOEs to determine child find targets appropriate to each region. These targets will then be used to evaluate SPOEs on performance standards. See the RFP section in the Introduction for more information.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under “Baseline/Trend Data and Analysis” will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

The following benchmarks/targets were established in conjunction with Missouri’s Improvement Plan.

The percent of children served in Part C as measured by the December child count will be consistent with the national participation rate as follows:

Child Count as of	Target
December 2003	0.65%
December 2004	0.70%
December 2005	0.75%
December 2006	0.80%
December 2007	0.90%

Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See GS.I and CC.I

Cluster Area CIII: Family Centered Services (CF)

Question: Do family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families?

State Goal: (for reporting period July 1, 2002 through June 30, 2003)

- The percentage of families reporting that services provided by First Steps and other providers increased their ability to meet their children's needs will increase.

Performance Indicators: (for reporting period July 1, 2002 through June 30, 2003)

- The percentage of families reporting that services provided by First Steps and other providers increased their ability to meet their children's needs will increase.

From OSEP letter on the Self-Assessment dated 03/2003:

OSEP could not determine from the self-assessment whether IFSPs include:

1. With the family concurrence, a statement of the family's resources, priorities and concerns, related to enhancing the development of the child;
2. A statement of the major outcomes expected to be achieved with the child and the family;
3. Early intervention services to meet the unique needs of the family, as required by 34 CFR §303.344(b), (c), and (d) (1).

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

All of the items mentioned in OSEP's letter on the Self-Assessment are included in the revised monitoring. A standard IFSP form has been developed and is being utilized by all SPOEs and service coordinators. Initial Phase I monitoring during 2002-03 did not find this to be a concern. At this time, no other data is available for analysis.

The new RFP for Phase 1 SPOEs makes a change from "service coordination" to "family service coordination." This change is intended to reinforce the program's philosophy which is centered on increasing the family's capacity to enhance outcomes for the child and family.

Targets: (for reporting period July 1, 2002 through June 30, 2003)

- Monitor all Phase 1 SPOEs for the above items.
- Develop follow-up survey to assess the family's capacity to enhance outcomes.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

The family survey was not completed or implemented in 2002-03. The survey is currently being finalized and will be implemented with the Family Module of webSPOE. The Family Module includes information for families, interim and exit surveys and an avenue for making complaints about service providers. Survey information, together with detailed child and IFSP data from webSPOE will provide much information for analysis. Business rules associated with the webSPOE software will ensure that all family needs are identified, that all appropriate services are provided and will encourage services that are family-centered rather than direct service to the child only.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- Monitoring of infants' and toddlers' files will confirm that all responsible agencies in the Part C system are using the mandated form and completing all required components of the form.
- Develop and implement follow-up survey to assess the family's capacity to enhance outcomes.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.1

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CF CE.I CE.III CE.V	4.8		Finalize follow-up survey	Develop questions	Survey developed	2003-04	EP, Data, Comp
CF CE.I	4.8	4.8.1	Finalize follow-up survey	Determine process for distribution	Surveys distributed	2003-04	EP, Data, Comp
CF CE.I		4.8.2	Finalize follow-up survey	Analyze survey results	Results analyzed	2003-04	EP, Data, Comp

Cluster Area CIV: Early Intervention Services in Natural Environments

Question: Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?

Probes:

- CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?
- CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?
- CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?
- CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?
- CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

State Goals: (for reporting period July 1, 2002 through June 30, 2003)

- The percentage of children served by First Steps and other providers in natural environments will increase.
- The number of First Steps families who participate in other existing community resources will increase.
- The performance of children who receive early intervention and special education services prior to age 5 will increase on the school entry profile.

Performance Indicators: (for reporting period July 1, 2002 through June 30, 2003)

- CE.I All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.
- CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.
- CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.
- CE.IV If children are not receiving services primarily in natural environments, these children have IFSPs that justify why services are not provided in natural environments.
- CE.V Children, participating in the Part C program, demonstrate improved and sustained functional abilities. (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

CE.I All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.**From OSEP letter on the Self Assessment:**

OSEP could not determine from the Self-Assessment whether service coordinators are meeting all their service coordinator roles and responsibilities under 34 CFR §303.23.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)**Children with no Service Coordinator designated and no Service Coordination authorized in the electronic record**

Area	Children with no Service Coordinator and no authorized Service Coordination*
Phase 1 & Phase 2 (as of 6/30/03)	25

* Depending on availability of Independent and DMH Service Coordinators, some SPOEs may be providing ongoing service coordination, but currently, SPOE staff cannot be entered into the child's electronic record, therefore these 25 children were likely receiving service coordination.

Referrals Exceeding 45 Days in Referral (7/1/2002 to 6/30/2003)

SPOE	2002-03 Referrals	Over 45 Days	%
St. Louis (Region 2)	1,710	1,066	62.34%
St. Charles (Region 1)	426	116	27.23%
Other Phase 1 SPOEs (Regions 4, 5, 6)	419	112	26.73%
Kansas City (Region 9)	260	62	23.85%
Springfield (Region 13)	110	43	39.09%
Jefferson County (Region 3)	121	53	43.80%
Other Phase 2 SPOEs	739	17	29.36%
Grand Total	3,785	1,669	44.10%
Grand Total less St. Louis	2,075	603	29.06%

Average Days in Referral for Children Receiving IFSPs (7/1/2002 to 6/30/2003)

SPOE	Total Referrals	Total Days	Average Days in Referral
St. Louis (Region 2)	870	80,292	92.3
St. Charles (Region 1)	214	10,787	50.4
Other Phase 1 SPOEs (Regions 4, 5, 6)	296	13,241	44.7
Kansas City (Region 9)	137	6,770	49.4
Springfield (Region 13)	72	3,642	50.6
Jefferson County (Region 3)	49	3,138	64.0
Other Phase 2 SPOEs	317	17,590	55.5
Grand Total	1,955	135,460	69.3
Grand Total less St. Louis	1,085	55,168	50.8

Data show that the number of children without service coordinators is decreasing, however it is important to keep in mind that lack of a designated service coordinator in the child's electronic record does not mean that service coordination isn't happening. SPOEs may be providing ongoing service coordination which would not show up in the data system.

Data show that many referrals exceed 45 day timelines. The data system does not currently collect the reasons for the delays, but the new webSPOE will collect this information so that noncompliance can be identified and corrected in a timely manner. Limited current data on delays show that reasons include family delays as well as SPOE or provider delays. The St. Louis SPOE has the most serious problem. Their situation has been exacerbated by contract constraints and staffing issues. The Phase 1 re-bid includes the St. Louis area and will greatly impact this due to requirements and performance standards resulting in rewards and/or sanctions (see RFP section 2.5.5 a. 3 information in the Introduction).

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

The new webSPOE software and Phase 1 SPOE RFP will significantly impact the role of service coordinators in the First Steps system. The function of independent service coordination will be pulled in under the SPOEs, essentially making the SPOEs responsible for all aspects of the system. The new software is very compliance-driven and will require certain actions to be taken and certain forms to be completed. All evaluation/assessment, eligibility determination and IFSP data will be instantly available to DESE for monitoring and program evaluation purposes. See below for a summary of independent service coordination issues that are addressed by the Phase 1 SPOE RFP.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

Independent Service Coordination Issues Addressed by Phase 1 SPOE RFP to be implemented July 2004

Concerns with Existing System:	Identified by:	Changes in New RFP for Phase 1 SPOEs (In place 7/1/04):
1. Lack of supervision and accountability	DESE and the SICC	Establishes an employer/employee relationship with the service coordinators. This relationship allows for the necessary oversight of their work (i.e., timely completion of required paperwork) and creates an accountability level for expected job performance.
2. Lack of support – no place to obtain support when challenged by parents or providers to include services in the IFSP that the service coordinator believed to be inappropriate for First Steps	Independent Service Coordinators	By placing the service coordinators under the direct supervision of the SPOE, they will have a network of support to assist them as they explain the First Steps program requirements and limitations to parents and providers. This problem resulted in providers recommending service coordinator changes to parents and can also be related to high costs associated with levels of services being written into IFSPs.
3. Lack of consistency across the state	DESE, SICC and Provider	SPOEs directing the process from referral to exiting First Steps at age three will provide a consistent compliant approach to the program. The lead agency will have the ability to provide hands-on assistance and supervision to the SPOEs, resulting in more direct control of the administration aspects of the program. This includes eligibility decisions and type of services provided to those children and families.
4. Authorizations for services not entered in a timely manner in order for providers to begin services and bill for those services.	Providers and SPOE administrators	SPOE supervision of service coordination will eliminate this concern for SPOE supervised service coordinators. All authorizations for this group of service coordinators will be generated at the SPOE and entered at the SPOE. This leaves only DMH service coordinators for the SPOE to track regarding authorizations entered, however, the DMH service coordinators will be responsible for the data entry for the authorizations rather than having to send paperwork to the SPOEs for data entry.
5. SPOE offices have difficulty obtaining the necessary paper documentation required for the child's file.	SPOE administrators	All paperwork will take place within the SPOE operation and eliminate the need to track a group of independent service coordinators across the region. DMH will be the only outside source for the necessary documents.
6. Failure to complete required training	DESE and SICC	Completion of required training will be easier to monitor with the employee relationship that the new RFP provides. Training is a critical component for consistency and compliance within the system. Tracking and enforcing training requirements has been difficult to manage under the current system. Modifications at the CFO will provide this tracking.

Concerns with Existing System:	Identified by:	Changes in New RFP for Phase 1 SPOEs (In place 7/1/04):
7. Costs of service coordination – current system inefficient and lacks control of expenses	DESE and SICC	Cost for this service will be absorbed in the salary of the employed staff at the SPOE. This will eliminate flat rate charges to the system per child each month regardless of the amount of work completed by the service coordinator for that child/family during that month. It will also create uniform caseloads for service coordinators that will enable more consistent service delivery to the families. Under the current system, service coordinators have the incentive to develop large caseloads in order to increase their income but the system provides no checks to ensure that services to families meet the expectation of the program.

4. Projected Targets:

- All families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I, GS.IV, CF and CBT

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II CE.I	4.7	4.7.1	Monitoring of data reports	Monitor 45 days report (referral to IFSP report)	Number over 45 days decreases	7/2003 Ongoing	DESE First Steps Management Team
GS.II CE.I	4.7	4.7.2	Monitoring of data reports	Monitor 45 days for St. Louis	Number over 45 days decreases	01/2004	Comp
GS.II CE.I	4.7	4.7.9	Monitoring of data reports	Service coordinator caseload	Caseloads not to exceed fifty children	7/2003 – Ongoing	DSE Staff
GS.II CE.I	4.7	4.7.10	Monitoring of data reports	Service coordinators by county	Sufficient numbers to meet demand	7/2003 – Ongoing	DSE Staff
GS.II CE.I	4.7	4.7.11	Monitoring of data reports	Children over three who have not been terminated	Timely inactivations	7/2003 – Ongoing	DSE Staff
GS.II CE.I	4.7	4.7.12	Monitoring of data reports	Overdue annual IFSP	Annual IFSP reviews within timelines	7/2003 – Ongoing	DSE Staff
GS.II CE.I	4.7	4.7.13	Monitoring of data reports	Children without a service coordinator assignment	Children without Service Coordinator decreases	7/2003 - Ongoing	DSE Staff

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II CE.I	4.7	4.7.14	Monitoring of data reports	IFSP services and authorizations/billings	IFSP services and authorizations correspond	2003-04	Funds, Comp
CE.I CE.II CE.IV	5.1	5.1.1	Existing modules	Complete minor changes on modules I-III, Orientation, Evaluation and Assessment, and Outcomes in Natural Environments	Service Coordination activities in compliance, timely evaluation/assessment and IFSP services Activities in compliance	2003-04	DSE Staff
CE.I CE.II CBT	5.1	5.1.2	Existing modules	Complete minor changes on module IV - Transition	Service Coordination activities in compliance, timely evaluation/assessment and IFSP services	2003-04	DSE Staff
CE.I CE.II CE.IV	5.1	5.1.5	Existing modules	Major revision of all modules	Service Coordination activities in compliance, timely evaluation/assessment and IFSP services	2004-05	DSE Staff
CE.I	5.1	5.1.6	Existing modules	Complete the videotape for the process and forms training	Service Coordination activities in compliance, timely evaluation/assessment and IFSP services	07/03	Comp, EP
CE.I CE.II CE.III CE.IV	5.1	5.1.9	Existing modules	Service coordination module	Service coordination activities in compliance.	Ongoing	CISE, DSE Staff
CE.I	5.3	5.3.1	Develop and distribute guidance documents	Appointment of ongoing service coordinator	In compliance		DSE Staff
CE.I CE.IV	5.3	5.3.2	Develop and distribute guidance documents	Natural environment and provider availability	In compliance	9/03	DSE Staff

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.I CE.IV	5.3	5.3.4	Develop and distribute guidance documents	Group vs. individual services	In compliance	9/03	DSE Staff
CE.I GS.II	5.3	5.3.5	Develop and distribute guidance documents	Waiting lists and compensatory services	Timely evaluation/assessment and IFSP services	7/2003	DSE Staff
CE.I CE.II	5.3	5.3.6	Develop and distribute guidance documents	Eligibility determination	In compliance	11/2003	DSE Staff
CE.I CE.II	5.3	5.3.6.1	Develop and distribute guidance documents	Speech and language eligibility	In compliance		DSE Staff
CE.I	5.3	5.3.7	Develop and distribute guidance documents	ABA	In compliance	7/2003	DSE Staff
CE.I	5.3	5.3.8	Develop and distribute guidance documents	Release of information	In compliance	7/2003	DSE Staff
CE.I	5.3	5.3.10	Develop and distribute guidance documents	Non-traditional therapies	In compliance	12/2003	DSE Staff
CE.I	5.3	5.3.11	Develop and distribute guidance documents	Change of placement and location	In compliance	9/2003	DSE Staff
CE.I	5.3	5.3.12	Develop and distribute guidance documents	Physicians scripts (who/where maintained)	In compliance	7/2003	DSE Staff
CE.I	5.3	5.3.13	Develop and distribute guidance documents	Revise substitution of personnel to include PTA/COTAs	In compliance	7/2003	DSE Staff
CE.I	5.3	5.3.14	Develop and distribute guidance documents	SB 874 guidance	In compliance	7/2003	DSE Staff

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II CE.I CBT	5.3	5.3.17	Develop and distribute guidance documents	Email and phone Technical Assistance	TA provided	Ongoing	DSE Staff
CE.I	5.3	5.3.18	Develop and distribute guidance documents	Develop survey of SC to assess training and TA provided by the Div of Spec. Ed.	Revisions made as necessary	7/2004	EP
CE.I GS.II	5.4	5.4.1	Update of Practice Manual	Update forms	Service Coordination activities in compliance, timely evaluation/assessment and IFSP services	Ongoing	DSE Staff
GS.II CE.I	5.5		Develop monthly schedule and content for conference calls with Service Coordinators		Service Coordination activities in compliance, timely evaluation/assessment and IFSP services, natural environments	07/2003 Ongoing	DSE Staff
GS.II CE.I	5.6		Quarterly meetings for SPOE directors and intake staff		All activities in compliance	08/2003 Ongoing	DSE Staff
GS.II GS.IV GS.V CE.I CE.II	6.2	6.2.1	Update Child Data System	45 day reasons	System delays reduced	8/2003	Data
GS.II CE.I	6.2	6.2.2	Update Child Data System	Expiring authorizations and IFSP not renewed on time	Fewer expired authorizations	2004-05	Data
GS.II CE.I	6.2	6.2.8	Update Child Data System	Cue for impending lateness	Fewer missed timelines	2004-05	Data
CC.I CE.I	7.8	7.8.1.1	Interagency Agreements	Meet with DMH to revise interagency agreement	An updated agreement	2003-04	Comp
CE.I	7.8	7.8.2	Interagency Agreements	DMH tracking of service coordination and MOE	An updated agreement	2003-04	Comp

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.I	12.5		Develop written guidance		In compliance	5/2004	DSE Staff

CE.II The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

From OSEP letter from-Self Assessment:

Part C-Evaluations and Assessments: The self-assessment included no data regarding whether, as required under 34 CFR §303.322:

- (1) Evaluations and assessment cover all five development areas and include family assessments;
- (2) Evaluations and assessments are performed by appropriate qualified personnel;
- (3) There are sufficient numbers of qualified professionals to perform evaluation and assessments in a timely manner.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

There is not currently sufficient data to address this performance indicator, however the three items mentioned in OSEP's response to the Self-Assessment are included in the current monitoring system.

(1) and (2) were not found to be concerns in initial Phase I SPOE monitoring.

(3) a field is being added to the Child Data System regarding the reasons for going beyond the 45-day timeline

See data on timelines reported in CE.I.

See personnel data reported in GS.IV.

There are obvious issues with 45 day timelines. The new webSPOE software will provide reasons for delays as well as the capability to monitor for timelines on an on-going basis. We will also be able to monitor for services that are not provided due to provider shortages. The software will also collect "Other Services" that are listed on the IFSP, but are not provided through the First Steps program. The family survey will provide information related to the identification of child and family needs.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

See CE.I.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- The timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See GS.I and CE.I

CE.III IFSPs include all the services necessary to meet the identified needs of the child and family. All the services identified on IFSPs are provided.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

Data is not currently available. New webSPOE software will provide data in the following ways:

- Much more information will be available through the electronic record so that services can be reviewed as necessary.
- A “No Provider Available” option will allow data entry of services authorizations for which no provider is available and the reason for the lack of available providers.
- The webSPOE enforces the need for the IFSP team to make decisions about changing services.

This information will be analyzed and used to direct provider training and recruitment. Family surveys will provide information on service identification and provision from the family’s standpoint. The new SPOE RFP addresses the need for oversight of service coordinators and providers that is not currently being addressed.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- IFSPs include all the services necessary to meet the identified needs of the child and family.
- All the services identified on IFSPs are provided.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under “Baseline/Trend Data and Analysis” will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- Add “No Provider Available” options in SPOE software so extent of provider shortages can be determined and recruitment efforts targeted.
- Develop and implement Family Survey

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See GS.I, CF and CE.I

CE.IV If children are not receiving services primarily in natural environments, these children have IFSPs that justify why services are not provided in natural environments.

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

Data on primary settings for IFSPs are below. Monitoring for justification for why services are not provided in natural environments has not yet occurred, but is planned to be included in future monitoring. Also, the new webSPOE software will require a justification statement if a non-natural setting is selected.

Primary Setting for Children under 3 years of age with active IFSPs(as of 12/1/2002 child count)

Primary Setting	12/1/2002							
	0-1 Years	%	1-2 Years	%	2-3 Years	%	Total Child Count	%
Program Designed for Children with Developmental Delay or Disabilities	18	4.32%	43	5.11%	121	7.19%	182	6.19%
Program Designed for Typically Developing Children	21	5.04%	59	7.02%	148	8.79%	228	7.75%
Home	339	81.29%	687	81.69%	1,250	74.23%	2,276	77.36%
Hospital (Inpatient)	0	0.00%	0	0.00%	1	0.06%	1	0.03%
Service Provider Location	0	0.00%	0	0.00%	1	0.06%	1	0.03%
Other Setting *	39	9.35%	52	6.18%	163	9.68%	254	8.63%
Total	417	100.00%	841	100.00%	1,684	100.00%	2,942	

* Other Settings includes 151 children whose primary setting is unknown due to conversion from the old system to the new or because information on the services received is not available. The remaining 103 children were only receiving services such as service coordination or transportation and the primary setting is not known. We suspect that many of the unknown settings belong in the "Home" category, but we are not able to confirm this. The primary setting of the IFSP is now a required data element so there should not be any unknown settings in the future.

Primary Setting by Race for Children under 3 years of age with active IFSPs (as of 12/1/2002 child count)

Primary Setting	12/1/2002											
	Asian/ Pacific Islander	%	Black (not Hispanic)	%	Hispanic	%	White (not Hispanic)	%	American Indian/ Alaska Native	%	Total Child Count	%
Program Designed for Children with Developmental Delay or Disabilities	4	8.0%	14	3.6%	4	5.1%	160	6.6%	0	0.0%	182	6.2%
Program Designed for Typically Developing Children	2	4.0%	34	8.8%	6	7.6%	186	7.7%	0	0.0%	228	7.8%
Home	41	82.0%	307	79.3%	59	74.7%	1,867	77.0%	2	100.0%	2,276	77.4%
Hospital (Inpatient)	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
Service Provider Location	0	0.0%	0	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
Other Setting *	3	6.0%	32	8.3%	10	12.7%	209	8.6%	0	0.0%	254	8.6%
Total	50	100.0%	387	100.00%	79	100.0%	2,424	100.0%	2	100.0%	2,942	100.0%

* See note above

The majority of children are served in the home or in settings designed for typically developing children.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- Maintain high percentage of children served in natural environments.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

In new webSPOE software, justification will be required if a non-natural setting is selected for any service.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- Maintain high percentage of children served in natural environments.
- Monitor for natural environments
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also CE.1

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
CE.IV	5.2	5.2.2	Develop and implement new training modules	Develop the natural environments module	Module developed	2004-05	EP, Comp
CE.IV GS.IV	10.6		Explore incentives for providers to go into natural environments		Growth in natural environments	Ongoing	Comp

CE.V Children, participating in the Part C program, demonstrate improved and sustained functional abilities. (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)

1. Baseline/Trend Data and Analysis (for reporting period July 1, 2002 through June 30, 2003)

Missouri currently does not have data to definitively address this performance indicator.

Inactivation reasons of children under 3 years of age who have had an IFSP

Reason	Count (7/1/02 to 6/30/03)	%
Child Deceased	8	0.58%
Completion of IFSP	38	2.76%
Eligible for Part B	35	2.54%
Part B Ineligible, Exit to Other Programs	191	13.86%
Part B Ineligible, Exit with No Referral	241	17.49%
Moved Out of State	38	2.76%
Moved to Another SPOE	50	3.63%
Part B Referral Refused by Parent/Guardian	117	8.49%
Transition to Part B	135	9.80%
Unable to Contact/Locate	232	16.84%
Withdrawn by Parent/Guardian	293	21.26%
Total	1,378	100.00%

Data suggests that transitions to Part B are increasing, but due to restrictive Part C eligibility criteria, a high percentage of First Steps children would be expected to be eligible for Part B. Analysis is needed to determine reasons for withdrawal by parent/guardian.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- The positive reasons for exiting First Steps will increase and the negative reasons will decrease.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

The new webSPOE software will provide data to address this performance indicator in two ways:

- Interim and exit family surveys
- Outcome evaluations data required at each update to the IFSP

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- The positive reasons for exiting First Steps will increase and the negative reasons will decrease.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources See CF and CBT

Cluster Area CV: Early Childhood Transition (CBT)

Question: Do all children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday?

State Goals: (for reporting period July 1, 2002 through June 30, 2003)

- The positive reasons for exiting First Steps will increase and the negative reasons will decrease.
- The performance of children who receive early intervention and special education services prior to age 5 will increase on the school entry profile.

Performance Indicator: (for reporting period July 1, 2002 through June 30, 2003)

- All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.

From OSEP letter for the Self Assessment:

Part C – Early Childhood Transition:

OSEP could not determine from the self-assessment whether:

- (1) IFSPs include transition plans, as required under 34 CFR §303.344 (h);
- (2) Transition conferences are convened at least 90 days prior to a Part B – eligible child's third birthday, as required under 34 CFR §303.148 (b) (2) (i).

1. Baseline/Trend Data and Analysis: (for reporting period July 1, 2002 through June 30, 2003)

Children receiving transition meetings or equivalent during IFSP*

Data from Implementation to 6/30/2003

SPOE Regions	Transition Meetings*	Children Eligible	% rec. Transition Meetings
St. Louis (Region 2)	371	693	53.54%
St. Charles (Region 1)	98	172	56.98%
Other Phase 1 SPOEs (Regions 4, 5, 6)	127	211	60.19%
Kansas City (Region 9)	40	144	27.78%
Springfield (Region 13)	63	133	47.37%
Jefferson County (Region 3)	24	108	22.22%
Other Phase 2 SPOEs	117	514	22.76%
Grand Total	840	1,975	42.53%

* Awareness for the coding process in reporting transition meetings is not yet consistent, so for the purposes of this report, IFSP Team Meetings taking place after a child turns 2.5 years old are also counted as transition meetings.

See exit data under CE.V

Part B Referrals from First Steps (Part C)	1999-2000	2000-2001	2001-2002	2002-2003
Number of referrals from First Steps	1,210	1,632	1,856	2,128
Of those, the number of children that were ECSE eligible	1,001	1,315	1,492	1,746
Percent of referrals that were eligible	82.7%	80.6%	80.4%	82.0%

Source: ECSE Web Application

The standard, required IFSP form includes a section on transition plans. Data suggests that service coordinators are not conducting transition meetings in a timely manner, however, the data is based on authorizations for meetings which is not highly reliable at this point. Additional analysis and data collection is needed in order to draw conclusions in this area. Requirements of the Phase 1 SPOE RFP and the webSPOE software will make it difficult to not hold transition meetings, as well as make it more apparent to monitoring staff if the meetings are not held. Part C referrals to Part B have been increasing over the past four years, while a consistent 80 percent of referrals are found eligible. This would suggest that the redesigned program has made service coordinators aware of their responsibilities in terms of transition.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003)

- All infants and toddlers will have smooth and timely transitions from Part C.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

The new webSPOE software will include reports/notifications of impending deadlines, including timelines for transition meetings. The software will also require certain actions to be taken by service coordinators, including appropriate transition activities. Family exit survey data will provide additional information on the transition process and programs into which the children transitioned.

Due to the full implementation towards the end of the reporting year (July 1, 2002 through June 30, 2003), data provided under "Baseline/Trend Data and Analysis" will be considered baseline. The focus for the majority of 2002-03 was to reach full implementation for the redesigned First Steps program.

4. Projected Targets:

- All infants and toddlers will have smooth and timely transitions from Part C.
- Additional projected targets are in the Future Activities tables.

5. & 6. Future Activities to Achieve Projected Targets/Results and Projected Timelines and Resources:

See also GS.I, GS.II and CE.1

New Cluster/ Probe	IP Key	Activity Key	Activity Groups (5)	Future Activities to Achieve Projected Targets (5)	Projected Targets/ Evidence of Change (4)	Projected Timelines (6)	Resources (6)
GS.II CBT	4.7	4.7.3	Monitoring of data reports	Monitor C to B Transition report	Timely transition to Part B	9/2003	Comp
GS.II CBT	4.7	4.7.5	Monitoring of data reports	Monitor Exiting Reports	Timely transitions	7/2004	DSE Staff
GS.II CE.I CBT	4.7	4.7.8	Monitoring of data reports	Termination by reason	"Withdrawn," "unable to contact" and "refused by parent" inactivation reasons decreased	7/2003 - Ongoing	DSE Staff
GS.II CBT	4.7	4.7.15	Monitoring of data reports	Transition conference convened 180 days prior to third birthday	Timely transition conferences	7/2003 – Ongoing	Comp, Data
CBT	5.3	5.3.16	Develop and distribute guidance documents	Transition	Timely transition	7/2004	DSE Staff
GS.II CE.I CBT	5.7	5.7.1	Schedule regular meetings with First Steps and ECSE coalition	Facilitate transition from C to B	Timely transitions	10/2003 ongoing	DSE Staff
CE.V CBT	5.7	5.7.2	Schedule regular meetings with First Steps and ECSE coalition	Discuss 0-5 system	Improved transitions	Ongoing	Comp
CE.V CBT	5.7	5.7.3	Schedule regular meetings with First Steps and ECSE coalition	Discuss linking data from Part C to Part B	Improved transition	Ongoing	Comp, Data

ATTACHMENT 1

Cluster Area CI: General Supervision

Dispute Resolution – Complaints, Mediations and Due Process Hearing Baseline/Trend Data

(Place explanations to Ia, Ib and Ic on the Table, Cluster Area CI, General Supervisions, Cell 1, Baseline/Trend Data)

Ia: Formal Complaints						
(1) July 1, 2002 - June 30, 2003 (or specify other reporting period: ___/___/___ to ___/___/___)	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Completed/Addressed within Timelines	(7) Number of Complaints Pending as of: 3/10/04 (enter closing date for dispositions)
TOTALS	16	10	3	3	13	0

Ib: Mediations					
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: ___/___/___ to ___/___/___)	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: 3/10/04 (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS	0	0	0	0	0

Ic: Due Process Hearings				
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: ___/___/___ to ___/___/___)	(2) Number of Hearing Requests	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued after Timelines and Extension Expired	(5) Number of Hearings Pending as of: 3/10/04 (enter closing date for dispositions)
TOTALS	1	0	0	0

ATTACHMENT 2

ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES

State of Missouri

Reporting Period: July 1, 2002 through June 30, 2003

Funding Sources and Supports During the Reporting Period

Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	\$ 7,568,706.00		Training, Administration, Direct Services		Contractual agreements with CFO for billing authorizations, Child data system; SPOEs for public awareness, eligibility determination; IFSP development and Training contractors
Federal (Specify)					
Part B	\$ 184,685.00		SEA Central office administration		
XIX	\$ 4,500,000.00		Direct Services		Estimated amounts received by DMH, DHSS and DESE
State (Specify)					
General Revenue	\$ 8,468,992.00		Training, Administration, Direct Services		Primarily Direct Services through CFO, SPOE, DMH & DHSS
Local (Specify)					
Private Insurance, Fees	Unknown				
Other(s) Non-Federal (Specify)	Unknown				
Total Early Intervention Support	\$ 20,722,383.00				